



PETITION TO RELEASE FROM GUARDIANSHIP

RIGL 33-15-18

STATE OF RHODE ISLAND
County of
Estate of
Alias

PROBATE COURT OF THE
City or Town of
No.

Petitioner:
Name
Street Address
City/Town State Zip Code
E-mail Phone Number
Respectfully represents that on
(Name of Guardian, Relationship to Respondent, Street Address, City/Town State Zip Code, E-mail)
(Name of Co-Guardian, Relationship to Respondent, Street Address, City/Town State Zip Code, E-mail)
was/were appointed GUARDIAN/CO-GUARDIANS of the person and/or estate. I/we request that I/we may be released from guardianship and such Guardian/Co-Guardian be discharged from duties herein.
Signature of Petitioner PETITIONER SIGN HERE

The undersigned hereby confirms the above statement and joins (if applicable) in the Granting of said Petition.
Signature of Guardian GUARDIAN SIGN HERE Date
Signature of Co-Guardian (if applicable) CO-GUARDIAN SIGN HERE Date

DECREE
Upon hearing, it is hereby ordered and decreed that the Respondent be released and said Guardian discharged.
Entered as an order and decree of the court on:
Probate Judge
Signature of Probate Judge PROBATE JUDGE SIGN HERE Date