



**ALLOWANCE FOR SUPPORT**  
*RIGL 33-10-3*

<b>STATE OF RHODE ISLAND</b>	
County of _____	_____
Estate of _____	_____
Alias _____	_____

<b>PROBATE COURT OF THE</b>	
City or Town of _____	_____
No. _____	_____

The undersigned, \_\_\_\_\_, spouse of said deceased, hereby request the court \_\_\_\_\_ (name of petitioner) to make a reasonable allowance out of the estate for the support of deceased's family. (*Exhibit A must be filed*)  
 This request is for the (*check one*):  First Period  Second Period  
 Signature of \_\_\_\_\_ Date \_\_\_\_\_  
 Petitioner PETITIONER SIGN HERE

**DECREE**

Allowance for the support of family in the amount of \$ \_\_\_\_\_ is allowed, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

***Entered:***

Name of \_\_\_\_\_ Date \_\_\_\_\_  
 Probate Judge  
 Signature of \_\_\_\_\_  
 Probate Judge PROBATE JUDGE SIGN HERE

***Per Order:***

Name of \_\_\_\_\_ Date \_\_\_\_\_  
 Probate Clerk  
 Signature of \_\_\_\_\_  
 Probate Clerk PROBATE CLERK SIGN HERE

**Exhibit A**

<b>Gross Income From All Sources</b>	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Annual</u>
a. Gross Wages/ Salary	_____	_____	_____	_____
b. Overtime, Bonus, Commissions	_____	_____	_____	_____
c. Part-Time Job	_____	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____	_____
d. Dividends	_____	_____	_____	_____
e. Interest	_____	_____	_____	_____
f. Annuities	_____	_____	_____	_____
g. Pensions	_____	_____	_____	_____
h. Retirement Funds	_____	_____	_____	_____
i. Social Security	_____	_____	_____	_____
j. Disability	_____	_____	_____	_____
k. Unemployment Insurance	_____	_____	_____	_____
l. Worker's Compensation	_____	_____	_____	_____
m. Public Assistance (welfare, etc.)	_____	_____	_____	_____
n. Child Support	_____	_____	_____	_____
o. Alimony	_____	_____	_____	_____
p. Contributions from Household Members	_____	_____	_____	_____
q. Other: _____	_____	_____	_____	_____
<b>Total Gross Income</b>	_____	_____	_____	_____
<b>Expenses</b>	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Annual</u>
1. Housing	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Mortgage Payment (Principle & Interest)	_____	_____	_____	_____
Property Tax	_____	_____	_____	_____
Condo Fee	_____	_____	_____	_____
Home Maintenance	_____	_____	_____	_____
Snow Removal/Lawn Care	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Housing Expenses</b>	_____	_____	_____	_____
2. Utilities	_____	_____	_____	_____
Heating Oil	_____	_____	_____	_____
Wood/Coal/Pellets	_____	_____	_____	_____
Propane and Natural Gas	_____	_____	_____	_____
Telephone/Cell Phone	_____	_____	_____	_____
Electricity	_____	_____	_____	_____
Cable Television/Internet	_____	_____	_____	_____
Water and Sewer	_____	_____	_____	_____
Trash Collection	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Utility Expenses</b>	_____	_____	_____	_____

<b>3. Insurance</b>				
Homeowner	_____	_____	_____	_____
Renter	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____
Health/Dental/Vision	_____	_____	_____	_____
Life	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Insurance Expenses</b>		_____	_____	_____
<b>4. Uninsured Health Care Expenses</b>				
Medical	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Orthodontics	_____	_____	_____	_____
Eye Care/Glasses/Contact Lenses	_____	_____	_____	_____
Prescription Drugs	_____	_____	_____	_____
Therapy and Counseling	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Uninsured Health Care Expenses</b>		_____	_____	_____

<b>Additional Expenses</b>	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Annual</u>
<b>1. Children's Expenses and Activities</b>				
Children's Clothing	_____	_____	_____	_____
Diapers	_____	_____	_____	_____
Day Care	_____	_____	_____	_____
School Supplies, Tuition, Sports	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Children's Expenses</b>		_____	_____	_____
<b>2. Miscellaneous Financial Expenses</b>				
Loan Payments	_____	_____	_____	_____
Credit Cards	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Miscellaneous Financial Expenses</b>		_____	_____	_____
<b>Total Expenses</b>		_____	_____	_____

**Monthly Total Income: \$** \_\_\_\_\_

**Monthly Total Expenses: \$** \_\_\_\_\_

Under penalty of perjury, I hereby swear the Statements contained in this document and any attachments are true and correct.

Name \_\_\_\_\_

Signature of Party \_\_\_\_\_ PARTY SIGN HERE Date \_\_\_\_\_

**Notary:**

Name of Notary \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary \_\_\_\_\_ NOTARY SIGN HERE Date \_\_\_\_\_

Commission ID# \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ Notary Seal \_\_\_\_\_