State of Rhode Island and Providence Plantations

**Probate Court**

**TEMPORARY GUARDIANSHIP**

***(to be filed with Limited/Permanent Guardianship Petition)***

[*RIGL 33-15-10*](http://webserver.rilin.state.ri.us/Statutes/TITLE33/33-15/33-15-10.HTM)

**PC-2.1 (Rev. 07/17)**

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**Name of Respondent**

Street Address

City/Town State Zip Phone

Code Number

***Petitioner:***

Name Relationship to

Respondent

Street Address

City/Town State Zip Phone

Code Number

***Respectfully requests:***

There is occasion for the appointment of a TEMPORARY GUARDIAN of the above respondent; that a petition for the appointment of a guardian of this person and estate is now pending. He/she requests that:

**Name of** Relationship to

**Nominee** Respondent

Street Address

City/Town State Zip Code

**Name of Co-** Relationship to

**Nominee** *(if any)* Respondent

Street Address

City/Town State Zip Code

or some suitable person be appointed to said trust. *Form PC-9.1, Waiver, if applicable.*

***Petitioner:*** To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of Date

Petitioner PETITIONER SIGN HERE

***Notary:***

Name of State County

Notary

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 statements in the documents are truthful and accurate.

Signature of NOTARY SIGN HERE Date Notary Public

Commission ID# Commission Expiration Date Notary Seal

**PROBATE COURT OF THE**

City or Town of **Select City or Town**

No.

**STATE OF RHODE ISLAND**

County of **Select County**

Estate of Alias

**DATE FILED**

**FOR COURT USE ONLY**

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**DECREE**

***Upon hearing, it is hereby ordered and decreed:***

For good cause shown:

**Name** Street

Address

City/ State Zip

Town Code

Email Phone

Number

**Name** Street

Address

City/ State Zip

Town Code

Email Phone

Number

*is/are hereby appointed temporary guardian and/or temporary co-guardians of the respondent for the purpose of:*

*Said appointment will expire on unless further extended by the court.*

(date)

Bond Fixed at: $ With Surety

Without Surety

*Appointed* ***APPRAISER(S)****:* Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.

**Appraiser** Street

**Name** Address

City/ State Zip Code

Town

Email Phone

Number

**Co-Appraiser** Street

**Name** Address

City/ State Zip Code

Town

Email Phone

Number

*Appointed* ***RESIDENT AGENT***

**Resident Agent Name**

Street Address

City/ State Zip Code

Town

Email Phone

Number

***Entered as an order and decree of the court on:***

Probate Judge Date

Signature of

Probate Judge PROBATE JUDGE SIGN HERE