



TEMPORARY GUARDIANSHIP
(to be filed with Limited/Permanent Guardianship Petition)
RIGL 33-15-10

DATE FILED

FOR COURT USE ONLY

STATE OF RHODE ISLAND
County of
Estate of
Alias

PROBATE COURT OF THE
City or Town of
No.

Name of Respondent
Street Address
City/Town State Zip Code Phone Number

Petitioner:
Name Relationship to Respondent
Street Address
City/Town State Zip Code Phone 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 Nominee Relationship to Respondent
Street Address
City/Town State Zip Code
Name of Co-Nominee (if any) Relationship to 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 Petitioner 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 statements in the documents are truthful and accurate.
Signature of Notary Public Date
Commission ID# Commission Expiration Date Notary Seal

DECREE

Upon hearing, it is hereby ordered and decreed:

For good cause shown:

Name _____	Street Address _____
City/Town _____	State _____ Zip Code _____
Email _____	Phone Number _____

Name _____	Street Address _____
City/Town _____	State _____ Zip 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 Name _____	Street Address _____
City/Town _____	State _____ Zip Code _____
Email _____	Phone Number _____

Co-Appraiser Name _____	Street Address _____
City/Town _____	State _____ Zip Code _____
Email _____	Phone Number _____

Appointed RESIDENT AGENT

Resident Agent Name _____	
Street Address _____	
City/Town _____	State _____ Zip Code _____
Email _____	Phone Number _____

Entered as an order and decree of the court on:

Probate Judge _____	Date _____
Signature of Probate Judge _____	