

**PETITION FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP***RIGL 33-15-1 et seq. & RIGL 33-15-47***STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

**Name of  
Petitioner** \_\_\_\_\_

hereby petitions the Probate Court of the City/Town of \_\_\_\_\_ to appoint a limited  
guardian/guardian for \_\_\_\_\_, who currently resides at:

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

and whose date of birth is: \_\_\_\_\_.

***Based on an assessment conducted by:*****Name of  
Assessor** \_\_\_\_\_Date of  
Assessment \_\_\_\_\_

which assessment reflects the current level of functioning of the respondent, \_\_\_\_\_,  
it has been determined that the respondent, \_\_\_\_\_, lacks decision-making ability in one or  
more of the following areas as indicated:

Check applicable areas: Describe specific assistance needed:

☐ Health Care \_\_\_\_\_☐ Financial Matters \_\_\_\_\_☐ Residence \_\_\_\_\_☐ Association \_\_\_\_\_☐ Other \_\_\_\_\_

Indicate which of the following less restrictive alternatives to guardianship have been explored and deemed inappropriate as indicated:

- |  |  |
|--|--|
| <input type="checkbox"/> Durable Power of Attorney for Health Care | <input type="checkbox"/> Representative Payee                            |
| <input type="checkbox"/> Living Will                               | <input type="checkbox"/> Money Management                                |
| <input type="checkbox"/> Power of Attorney                         | <input type="checkbox"/> Single Court Transactions                       |
| <input type="checkbox"/> Durable Power of Attorney                 | <input type="checkbox"/> Government Benefits and Social Service Programs |
| <input type="checkbox"/> Trusts                                    | <input type="checkbox"/> Housing Options                                 |
| <input type="checkbox"/> Joint Property Arrangements               | <input type="checkbox"/> Other   |

Please describe the basis for the determination that the alternative will not meet the needs of the respondent for each alternative explored and deemed inappropriate.


The following individual/agency is willing to serve as guardian: \_\_\_\_\_

Upon information and belief the above individual/agency has:

- ☐ No conflict of interest that would interfere with guardianship duties.
- ☐ No criminal background that would interfere with guardianship status.
- ☐ The capacity to manage financial resources involved.
- ☐ The ability to meet requirements of law and unique needs of individual.
- ☐ Demonstrated willingness to undergo training.

The respondent has the following heirs at law:

NAME	RELATIONSHIP	RESIDENCE

*Attach 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

PETITIONER SIGN HERE

Date

Street Address

City/Town

State

Zip Code

Email

Phone  
Number

**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 Public

NOTARY SIGN HERE

Date

Commission ID#

Commission Expiration Date

Notary Seal

### **DECREE**

This cause having come on to be heard after being duly advertised according to law, it is hereby ordered, adjudged and

decreed that \_\_\_\_\_ be appointed guardian of the person and estate of

\_\_\_\_\_, bond to be filed in the amount of \$\_\_\_\_\_.

☐  
☐

With Surety

Without Surety

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

Name of  
Probate Judge

Date

Signature of  
Probate Judge

PROBATE JUDGE SIGN HERE