

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

MINOR GUARDIANSHIP

Proposed ward:

Name Date of birth of resident minor

No. Street

City/Town State Zip Phone Number

Personal estate estimated at: \$ _____

Your petitioner:

Name Relationship to Ward

No. Street

City/Town State Zip Phone Number

respectfully requests that there is occasion for the appointment of a guardian of the person and estate of the above named minor.

Name of Father of Minor Date of Death, if applicable

Name of Mother of Minor Date of Death, if applicable

No. Street

No. Street

City/Town State Zip Phone Number

City/Town State Zip Phone Number

Signature of Father of Minor

Signature of Mother of Minor

Your petitioner requests that:

Name of Nominee Relationship to Ward

Name of Co-Nominee (if any) Relationship to Ward

No. Street

No. Street

City/Town State Zip Phone Number

City/Town State Zip Phone Number

or any other suitable person be appointed as such guardian.

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner

Date

Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

is/are hereby appointed guardian and/or co-guardians of the person and estate:

Bond fixed at: \$ _____

With surety _____
 Without surety _____ (if with surety, indicate type)

Appointed **APPRAISER(s)**: (if different from above)

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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