PC-2.9 (11/02, formerly SW-55 and SW-34) Petition to Release from Guardianship or Discharge to Guardian  Date filed:						
STATE OF RHODE ISLAND County of			PROBATE COURT OF THE			
Estate of						
Alias			Ma			
			No Date			
[ ] <b>PET</b> ]	ITION TO RI	ELEASE FR	OM GUARDI or:	ANSHIP (S	SECTION	<b>A</b> )
[	] DISCHAR	GE TO GUA	ARDIAN (SEC	CTION B) (so	ee page 2)	
		SEC	TION A			
	PETITION 7	ΓΟ RELEAS	SE FROM GU	ARDIANSE	<u>HIP</u>	
Your petitioner respectfully	y represents that	on:		D. CA.		
				Date of Appointme	ent	
Name of Guardian	of Guardian Relationship to Ward		Name of Co-Guardian (if any)		Relationship to Ward	
No. Street			No. Street			
City/Town State	Zip	Phone Number	City/Town	State	Zip	Phone Number
was/were appointed GUAF discharged.	RDIAN of my per	rson and estate.	I request that I n	nay be released	d and such G	uardian
		Signa	ture of Ward			
The undersigned hereby co	infirms the above	e statement and	joins in the praye	r of said petition	on.	
-		Signatu	re of Guardian			
		DE	CREE			
Upon hearing, it i	s hereby ordered	and decreed th	at the ward be rel	eased and said	l Guardian di	scharged.
Date			Probate Judge			

## **SECTION B**

## DISCHARGE TO GUARDIAN (to be filed with final account)

I,	, having attained the age of eighteen years,
I,Name of Ward	
and having, since my arrival at full age, examined the acco	unts of,
	Name of Guardian/Co-Guardian
who was the guardian of my person and estate during my n	ninority; and having adjusted and settled accounts of said
guardianship, and received the balance of my estate in his/l	ner hands: DO BY THESE PRESENTS, exonerate, acquit,
release and fully and absolutely discharge	
	Name of Guardian/Co-Guardian
and the surety(ies) upon such guardianship bond, and his/h	er and their heirs, executors and administrators, from all
claims which I now have upon them for or on account of sa	aid guardianship, or any matter or thing relating thereto.
Date	Signature of Ward
Signed in presence of:	
Date	Signature of Witness