



CONSERVATORSHIP

RIGL 33-15-44

DATE FILED

FOR
COURT USE ONLY

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Petitioner:

Name _____

Street Address _____

City/Town _____

State _____

Zip

Code _____

Phone

Number _____

Email _____

Personal estate estimated at: \$ _____

☐ Assets unknown

**Name of
Respondent**

Relationship to
Respondent _____

Street Address _____

City/Town _____

State _____

Zip

Code _____

Email _____

Phone

Number _____

Respectfully requests that:

**Name of
Nominee**

Relationship to
Respondent _____

Street Address _____

City/Town _____

State _____

Zip

Code _____

Email _____

**Name of Co-
Nominee (if any)**

Relationship to
Respondent _____

Street Address _____

City/Town _____

State _____

Zip

Code _____

Email _____

or any suitable person may be appointed CONSERVATOR of the above respondent who believes that the respondent has become incapacitated by reason of:

- ☐ advanced age
☐ mental weakness
☐ other: _____

and can no longer properly care for his/her property.

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 _____

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 statement(s) in the documents is/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 that said complaints are found true and accurate. Wherefore, the following is/are appointed CONSERVATOR(S):

Appointed Conservator _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Appointed Co/Conservator _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

With the following limitations on his/her/their authority:

Bond Fixed at: \$ _____ ☐ With Surety _____
☐ Without Surety _____

By Decree herein, the following is/are 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 _____