



MINOR GUARDIANSHIP
RIGL 33-15.1-1 et seq.

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 Minor Respondent _____ **Date of Birth** _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Petitioner:

Name _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Petitioner requests:

Name of Nominee _____ **Relationship to Ward** _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Nominee Signature _____

Name of Co-Nominee _____ **Relationship to Ward** _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Co-Nominee Signature _____

or some suitable person be appointed to that trust. Attached form PC-9.1 Waiver, if applicable.

Respectfully represents:

There is occasion for the appointment of a guardian of the person and/or estate of the above named minor and that the parent(s)/legal guardian(s) of said minor respondent hereby consent to the granting of this petition.

**Name of Parent/
Legal Guardian** _____ **Date of Death, if applicable**
(death certificate required) _____

Street
Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone
Number _____

Parent/Legal
Guardian Signature _____

To the best of my knowledge or belief, the statement(s) contained within this document is/are truthful and accurate.

Signature of _____ Date _____
Petitioner

Notary:

Name of Notary _____ State _____ County _____

On ____ day of _____, 20____, 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 _____ Date _____
Notary Public

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

**Name of Parent/
Legal Guardian** _____ **Date of Death, if applicable**
(death certificate required) _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____

Parent/Legal
Guardian Signature _____

Notary:

Name of Notary _____ State _____ County _____

On ____ day of _____, 20____, 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:

For good cause shown:

Guardian

Street
Address

City/Town

State

Zip Code

Email

Phone
Number

Co-Guardian

Street
Address

City/Town

State

Zip Code

Email

Phone
Number

is/are hereby appointed guardian and/or co-guardians of the minor respondent.

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

Entered as an order and decree of the court on:

Probate Judge

Date

Signature of
Probate Judge