

**NOTICE**

This notice should be served at once and returned to the clerk of the court.

[RIGL 33-15-17.1](#) & [RIGL 33-15-47](#)**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

To: _____

Estate of: _____

No: _____

Greeting: _____

A petition for Limited Guardianship/Guardianship has been filed in the Probate Court of the City/Town of: _____

Petitioner Name: _____ has requested that the Probate Court appoint a limited guardian/guardian for you.

A hearing regarding this Petition shall be held:

On (date): _____

At (time): _____

at the Probate Court for the town of: _____

Address: _____

The Petitioner requests that the Probate Court consider the qualification of the following individual as guardian:

A guardian ad litem will be appointed by the Probate Court to visit you to explain the process and inform you of your rights.

You have the right to attend the hearing to contest the petition, to request the powers of the guardian be limited, or to object to the appointment of a particular individual guardian. If you wish to contest the petition, you have the right to be represented by an attorney, at state expense, if you are indigent.

If the petition is granted and a guardian is appointed, the Probate Court may give the guardian power to make decisions about one or more of the following: Your health care; your money; where you live; and with whom you associate.**Copies of this notice will be mailed to:**

The administrator of any care or treatment facility where you live or receive primary services; your spouse; and heirs at law; any individual or entity known to petitioner to be regularly supplying protection services to you.

CERTIFICATION OF SERVICE

I certify that I hand-delivered and read this Notice to:

(name of recipient)

on the _____ day of _____, _____.
(day) (month) (year)Name of
Certifier _____Signature of
Certifier _____

Date _____

Street
Address _____

City/Town _____

State _____

Zip
Code _____Phone
Number _____

CERTIFICATION OF NOTICE

I certify that, as required by Rhode Island General Laws section [33-15-17.1\(e\)](#), I mailed a copy of this Notice to the following persons, at the addresses listed, on the _____ day of _____, _____.

(day) (month) (year)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Certifier/Attorney _____

Signature of Certifier/Attorney _____ Date _____

Street Address _____

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

Notary:

Name of Notary _____ State _____ County _____

On _____ day of _____, 20____ the certifier/attorney, 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 _____

WITNESS FOR COURT USE ONLY

Judge of the Probate Court of the _____ of _____

this _____ day of _____

Name of Probate Clerk _____

Signature of Probate Clerk _____ Date _____