

PC-2.3
Petition for Limited Guardianship or
Guardianship
formerly SW-76

R.I.G.L. 33-15-2



This Petition must be advertised. No
waivers are allowed on Guardianship Peti-
tions.



This form is a Statutory form.



This form is a petition for a Limited Guardianship/
Guardianship for Adults. It must be accompanied by a
completed Form **PC-2.4, Decision Making Assessment**
Tool. These two forms will be used by the Probate Court to
determine whether to appoint a Guardian to assist the indi-
vidual in some or all areas of decisionmaking.

✓ **A Limited Guardianship shall be filed unless the
proposed Ward is totally incapacitated.**

The Petitioner or Attorney:

- Presents the form for filing.

The Probate Clerk:

- Determines that all entries are complete.
- Determines that the form has been notarized.
- Determines that Form **PC-2.4** accompanies the
Petition.
- Dates files and assigns a hearing date.
- Advertises Petition once a week for two weeks to
include three insertions.
- Sends Statewide **Form PC-2.5, Notice**, for for-
warding to the Attorney of the proposed Ward.

STATE OF RHODE ISLAND
COUNTY OF _____

PROBATE COURT OF THE
CITY/TOWN OF _____

ESTATE OF _____

DOCKET # _____

PERSONAL ESTATE
ESTIMATED AT \$ _____

19 _____

PETITION FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP

(Petitioner) _____ hereby petitions the Probate
Court of the city/town of _____ to appoint a limited
guardian/guardian for _____
who currently resides at _____
in the city/town of _____,
and whose date of birth is _____.

Based upon an assessment conducted by _____ on
(Date) _____, which assessment reflects the current
level of functioning of

(Respondent) _____, it has been determined that

(Respondent) _____ lacks decision-making

ability in one or more of the following areas as indicated:

- _____ health care
- _____ financial matters
- _____ residence
- _____ association
- _____ other

Regarding each area indicated, please describe the specific assistance needed:

Indicate which of the following less restrictive alternatives to guardianship have been explored and deemed inappropriate as indicated:

- Durable Power of Attorney for Health Care
- Living Will
- Power of Attorney
- Durable Power of Attorney
- Trusts
- Joint Property Arrangements
- Representative Payee
- Money Management
- Single Court Transactions
- Government Benefit and Social Service Programs
- Housing Options
- Other

Please describe the basis for the determination that the alternative will not meet the needs of the respondent for each alternative explored and deemed inappropriate:

The following individual/agency is willing to serve as guardian:

Upon information and belief the above individual/agency has:

- _____ No conflict of interest that would interfere with guardianship duties.
- _____ No criminal background that would interfere with guardianship duties.
- _____ The capacity to manage financial resources involved.
- _____ The ability to meet requirements of law and unique needs of individual.
- _____ Demonstrated willingness to undergo training.

The Respondent has the following heirs at law:

NAME:

RESIDENCE:

Signature _____

Name _____

Address _____

Telephone _____

PC 2.3

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

in _____ on the _____ day of _____, 19 _____

Notary Public

Print Name

DECREE

Date

Probate Judge