

**THIS FORM MUST BE COMPLETED IN ENGLISH
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

**State of Minnesota
Xeev Minnesota**

**District Court
Cheeb Tsam Tsev Hais Plaub**

County/ Cheeb Koog

Judicial District: Cheeb Tsam Hais Plaub Ntug: _____ Court File Number: _____ Zauv Cim Rooj Plaub: _____ Case Type: Harassment Hom Plaub Ntug: Kev Zes Ua Phem

Petitioner/ Neeg Foob,

vs./ thiab

Respondent/ Neeg Raug Foob

**Petitioner's Request for Dismissal of
Harassment Restraining Order
Neeg Foob Tsab Ntawv Thov Rho
Tawm Ntawv Yuam Ceev Kev Zes Ua
Phem (Request for Dismissal of
Harassment Restraining Order)**

Petitioner requests dismissal of the Harassment Restraining Order issued on/Neeg Foob Tsab Ntawv Thov Rho Tawm Ntawv Yuam Ceev Kev Zes Ua Phem (Request for Dismissal of Harrassment Restraining Order) uas muab thaum _____ because/ vim yog: _____

Date/ Hnub tim

Petitioner, by signing here, requests dismissal
Neeg Foob, txoj kev kos npe rau ntawm no, thov
kev rho tawm

Printed Name: _____
Sau Lub Npe:

(If you have asked to keep your address and/or phone number confidential, do not include it here.)
(Yog tias koj twb thov kom ceev zoo cia koj qhov chaw nyob/los sis xov tooj lawm, tsis txhob muab sau rau ntawm no.)
Address/Chaw nyob: _____

City, State, Zip: _____
Zos, Xeev, Zip:

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Telephone/ Xov Tooj: _____

E-mail: _____

Chaw sau ntawv E-mail: