

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

**Affidavit and Request
for Publication (Harassment)**
[Minn. Stat. § 609.748, subd. 3(b)]
**Ntawv Pov Thawj thiab Ntawv Thov
rau Txoj Kev Tshaj Xo (Kev Zes Ua Phem)**
[Minn. Txoj Cai § 609.748, subd. 3(b)]

Respondent/ Tus Neeg Raug Foob

Affidavit and Request/ Ntawv Pov Thawj thiab Ntawv Thov

I am the Petitioner in this matter. I understand that I must tell the truth. I request that the court allow publication of the court’s Order dated _____/ Kuv yog tus Neeg Foob hauv rooj plaub no. Kuv nkag siab tias kuv yuav tsum tau qhia qhov tseeb. Kuv thov kom lub tsev hais plaub tshaj tawm lub tsev hais plaub Daim Ntawv Yuam rau hnuv tim _____ because/ vim yog:

Personal Service was attempted by the sheriff and was not made because it is believed that the Respondent is avoiding service by hiding or other means, AND a copy of the Petition and Order or Notice of Hearing was mailed to Respondent at Respondent’s last known address or place of business. Tus tub kav xwm tau sim Nqa Ntawv Mus Cev tiam sis cev tsis tau vim nws xav tias tus Neeg Raug Foob xyeej txoj kev txais ntawv xa los ntawm kev khiav nkaum los sis lwm txoj kev, THIAB tau muab Tsab Ntawv Thov thiab Daim Ntawv Yuam los sis Ntawv Faj Seeb Txog Rooj Sib Hais luam xa mus rau tus Neeg Raug Foob ntawm tus Neeg Raug Foob qhov chaw nyob los sis chaw lag luam uas paub ua zaum kawg los.

OR/LOS SIS

Personal Service was attempted by the sheriff and was not made because it is believed that the Respondent is avoiding service by hiding or other means, AND the present address and residence of the Respondent is unknown, but I have reason to believe it was Tus tub kav xwm tau sim Nqa Ntawv Mus Cev tiam sis cev tsis tau vim nws xav tias tus Neeg Raug Foob xyeej txoj kev txais ntawv xa los ntawm kev khiav nkaum los sis lwm txoj kev, THIAB tsis paub qhov chaw nyob tam sim no thiab qhov chaw nyob rau tus Neeg Raug Foob, tiam sis kuv muaj qhov laj thawj ntseeg tias yeej yog

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

I declare under penalty of perjury that everything I have stated in this document is true and correct.
Minn. Stat. § 358.116.

Kuv lees taum tes raws txoj kev nplua txim dag tias txhua tsav yam kuv tau teev rau hauv tsab ntawv no
yeej muaj tseeb thiab yog. Minn. Txoj Cai § 358.116.

Dated/ Hnub tim _____

County and state where signed:

Cheb koog thiab xeev uas kos npe nyob rau:

Signature/ Kos Npe

Name/ 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: _____

Telephone/Xov Tooj: (____) _____

E-mail address: _____

Chaw sau ntawv Email: _____