

THIS DOCUMENT SHALL BE SEALED UPON FILING WITH THE COURT

တၢ်ကဘၣ်စဲၤနီၣ်ဃာ်လံာ်တီၢ်မိအံၤ ဖဲတၢ်တီၣ်ဖျါထီၣ်အီၤဆူကိာ်ဘျီၣ်အခါန့ၣ်လီၤ

THE COVER SHEET FOR NON-PUBLIC DOCUMENTS FORM 11.2 MUST BE USED WHEN FILING THIS AFFIDAVIT IN PAPER FORM

လံာ်လၢအကျါဘၢတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတမ့ၢ်-ကမျါလံာ်တီၢ်မိလံာ်ကိာ်ဒိ 11.2 ကဘၣ်တၢ်စူးကါအီၤဖဲ တၢ်မၤပုၤလံာ်ဆိၣ်သးလၢလံာ်တီၢ်မိလံာ်ကိာ်ဒိအပူၤ

State of Minnesota

မံၣ်န့ၣ်စိထံၣ် (Minnesota) ကိာ်စဲၣ်

District Court

ကိာ်ရဲၣ်ကိာ်ဘျီၣ်

County/ကိာ်ရဲၣ်

Judicial District တၢ်စံၣ်ညီၣ်ပိတုၤလီၤကဝီၤ-	
Court File Number ကိာ်ဘျီၣ်လံာ်တြီၣ်နီၣ်ဂံၢ်-	
Case Type တၢ်ဂ့ၢ်အကလုာ်-	Domestic Abuse တၢ်မၤတရီၤတပါလၢ ဟံၣ်ပူၤဃီပူၤ

Petitioner/ပုၤပတံၤသကိာ်ကညးတၢ်,

vs/ဒီး

Respondent/ပုၤတူၢ်ကိာ်

**Affidavit of No
Ownership/Possession of
Firearms or Ammunition
လံာ်ဆိၣ်လီၤသးဘၣ်ဃးဒီး
တၢ်တပၢဘၣ်/တၢ်တအိၣ်ဒီး
ကျိတၢ်စုကဝဲၤတဖၣ် မ့တမ့ၢ်
ကျိချံၣ်မ့ၢ်သၣ်တဖၣ်**

I, the Respondent in the above-entitled matter, state the following:

ယၤ, ယမ့ၢ်ပုၤတူၢ်ကိာ်လၢ တၢ်ဂ့ၢ်လၢတၢ်ကွဲးဟ်ဖျါအီၤလၢထး, တဲဖျါထီၣ်လၢလံာ်-

I understand the court has issued or will be issuing an Order for Protection in this case and I am or will be prohibited from shipping, transporting, possessing, or receiving any firearm or ammunition for the duration of this Order.

ယန့ၢ်ပၢၤလၢကိာ်ဘျီၣ်ထူးထီၣ်ဟ့ၣ်လီၤ မ့တမ့ၢ် ကထူးထီၣ် ဟ့ၣ်လီၤ

တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ် လၢတၢ်ဂ့ၢ်အံၤအပူၤ ဒီး ယဘၣ် မ့တမ့ၢ်

ကဘၣ်တၢ်တြီၤယၤလၢ တၢ်ဆုၤထီၣ်ဆုၤလီၤ, ဝံစိာ်တီဆုၤ, ပၢဘၣ်, မ့တမ့ၢ် မၤန့ၢ် ကျိတၢ်စုကဝဲၤ မ့တမ့ၢ်

ကျိချံၣ်မ့ၢ်သၣ်တဖၣ် လၢ တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်အံၤအကတီၢ်အဂီၢ်န့ၣ်လီၤ.

လံာ်ဆိၣ်လီၤသးဘၣ်ဃးဒီး တၢ်တပၢဘၣ်/တၢ်တအိၣ်ဒီး ကျိတၢ်စုကဝဲၤတဖၣ် မ့တမ့ၢ် ကျိချံၣ်မ့ၢ်သၣ်တဖၣ်

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တၢ်မၤပဲၤလံာ်ဆိၣ်သးလၢလံာ်တီၢ်မိလံာ်ကိာ်ဒိအပူၤ

I do not own or possess any firearms or ammunition and will not own or possess any firearms or ammunition for the duration of this or any future Order for Protection issued in this case.
ယတပၤဘၣ် မ့တမ့ၢ် အိၣ်ဒီး ကျိတၢ်စုကဝဲၤ မ့တမ့ၢ် ကျိချံၣ်မ့ၢ်သ့တမံၤလၢလၢ တၢ်အကတီၢ်အဲအံၤ မ့တမ့ၢ် ခါဆူညါတၢ်ထူးထီၣ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ်တမံၤလၢလၢတၢ်ဂ့ၢ်အံၤအပူၤဘၣ်န့ၣ်လီၤ

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

Dated/ဆဲးလီၤမ့ၢ်န့ၣ်

County and state where signed
ကီၢ်ရဲၣ်ဒီးထံၣ်ဒီးကီၢ်စဲၣ်တၢ်လီၤဖဲဆဲးလီၤမံၤ

Signature/ဆဲးလီၤမံၤ

Name/မံၤ- _____

Address/လီၢ်အိၣ်ဆိးထံး- _____

City/State/Zip
ဂ့ၢ်/ကီၢ်စဲၣ်/စံး(၀)နီၣ်ဂံၢ်- _____

Telephone/လီၤတဲစိ- _____

Email/အံၤမ့(လ)- _____