

THIS FORM MUST BE COMPLETED IN ENGLISH
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIRIIS

State of Minnesota
Gobolka Minnesota

District Court
Maxkamadda Degmada

County of/ Deegaanka:

Judicial District:
Garsoorka Degmada: _____
Court File Number:
Lambarka Feylka
Maxkamadda:
Case Type: Domestic Abuse
Nooca Kiiska: Tacaddiyada Qoyska
Gudihisa

In the Matter of/ Arrinta la xiriirta:

Petitioner/ Dacwoodaha

vs./ vs.

**Affidavit in Support of
Order to Show Cause for Contempt
Markhaatikac Taageerid u ah
Amarka lagu Muujinayo Sababta Ixtiraam
La'aanta Maxkamadda (Dhibaateyn)
Minn. Stat. § 518B.01**

Respondent/ Dacweysanaha

My name is/ Magacaygu waa: _____,

I am/ Waxaan ahay:

- The Petitioner/ Dacwoodaha
- Peace Officer/ Booliiska Maxkamadda
- Other interested person named by the Court/ Dadka kale ee ku lugta leh ee ay magacowday Maxkamadda

I state that Respondent violated the following parts of the Order for Protection dated _____.
Waxaan caddeynayaa in uu Dacweysanuhu ku xadgudbay qeybaha soo socda oo ah Amarkii Difaacidda taariikhda

(List the parts of the Order that Respondent violated.)
(Qor qeybaha Amarka Dacweysanuhu ku xadgudbay.)

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The Order was violated when Respondent committed the following acts (Describe specific acts including what happened, who was involved and approximate dates. List the most recent dates first. Add additional sheets if necessary.)

Amarka waxaa ku xadgudbay Dacweysanaha oo sameeyey falalka soo socda (Faahfaahi falal gaar ah, sida wixii dhacay, qofkii ku lug lahaa, oo qor qiyaasta taariikhaha. Marka hore qor taariikhihii ugu dambeeyey. Soo raaci waraaqo dheeraad ah haddii aad u baahato.)

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

Waxaan sharciga ciqaabta dhaarta beenta ah ku caddeynayaa wax kasta oo aan ku sheegay waraaqdan in ay yihiin run iyo sax. Sharciga Minn. Stat. § 358.116.

<hr/> <p>Dated/ Taariikhda</p>	<hr/> <p>Signature/ Saxiixa</p>
	<p>Name/ Magaca:</p>
	<p>Address/Cinwaanka:</p>
<hr/> <p>County and state where signed Deegaanka iyo gobolka saxiixa lagu sameeyey</p>	<p>(If you have asked to keep your address and/or phone number confidential, do not include it here.) (Haddii aad soo codsatay in cinwaanka iyo/ama lambarka taleefanka lagaaga dhigo qarsoodi, ha ku qorin halkan.)</p>
	<hr/> <p>City/State/Zip: Magaalada/Gobolka/Lambarka</p>
	<hr/> <p>Boostada Xaafadda (Zip):</p>
	<hr/> <p>Telephone/ Taleefanka:</p>
	<hr/> <p>Email:</p>
	<hr/> <p>Boostada Intarnetka (Email):</p>