

State of Minnesota

District Court

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: Extreme Risk Protection Order

\_\_\_\_\_  
Petitioner

vs

\_\_\_\_\_  
Respondent

## Application for Extension of Extreme Risk Protection Order (ERP302)

Minn. Stat. § 624.7173(a)

### 1. Applicant Information – Law Enforcement Agency or City/County Attorney:

**Applicant is:**

Chief Law Enforcement Officer (or designee)

City or County Attorney

Applicant Agency Name: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Affiant/Signer Name (first last): \_\_\_\_\_

(If applying as a law enforcement agency or city/county attorney skip to question #5.)

### 2. Applicant Information – Family/Household Member or Guardian:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**3. Applicant Address - Family/Household Member or Guardian:**

I am requesting that my address be kept confidential by submitting the completed *Confidential Address Request* form (ERP104) to the court.

**OR**

I am not requesting that my address be kept confidential. My address is:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**4. Relationship to Respondent – Family/Household Member or Guardian:**

**I am applying as:** (check one and fill in required information)

Family or Household Member (please check all that apply to indicate your family/household relationship to the Respondent)

Spouse

Former Spouse

Parent/Child (Respondent is your:  Parent  Child)

Currently living together. For how long? \_\_\_\_\_

Significant romantic or sexual relationship. (If this is the only box you checked for family/household relationship, please provide additional information below.)

Length of Relationship: \_\_\_\_\_

Type of Relationship: \_\_\_\_\_

How often do you have contact with Respondent? \_\_\_\_\_

\_\_\_\_\_

Guardian of Respondent, as defined by Minn. Stat. § 524.1-201.

Date of court order establishing guardianship: \_\_\_\_\_

Guardianship Court File Number: \_\_\_\_\_

5. A long-term Extreme Risk Protection Order (ERPO) was issued on \_\_\_\_\_ (date) after a hearing under Minn. Stat. § 624.7172.

6. The ERPO is set to expire on \_\_\_\_\_ (date) which is within 3 months of the date I am requesting this extension.



- I request to appear virtually (remotely).
- I request to appear in person.
- I don't have a preference between virtual (remote) or in-person appearance.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
County and state where signed

\_\_\_\_\_  
Signature

Name \_\_\_\_\_

(If you have asked to keep your address confidential, do not include it here.)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Notice:** If your address or telephone changes, you must give Court Administration your new information right away, in writing.

**Attorney Representing Petitioner (if any)**

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Attorney/Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_