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

State of Minnesota Gobolka Minnesota	Mayka	District Court madda Degmada
County/ Deegaanka	Judicial District: Garsoorka Degmada: Court File Number: Lambarka Feylka Maxkamadda: Case Type:	Harassment
	Nooca Kiiska:	Dhibaateyn
Petitioner/ Dacwoodaha	A 00° 1 ° 4	10
vs/ vs	Affidavit an for Publication [Minn. Stat. § 609 Markhaatikio si loo Daabaco [Minn. Stat. § 609	(Harassment) 9.748, subd. 3(b)] cid iyo Codsi (Dhibaateynta)
Respondent/ Dacweysanaha		
Affidavit and Req	uest/ Markhaatikacid iyo Codsi	
I am the Petitioner in this matter. I understand publication of the court's Order dated/ Aniga khasab igu tahay in aan runta sheego. Waxaattaariikheysan because	ayaa ah Dacwoodaha kiiskan. Waxaa n codsanayaa in la daabacdo Amarka	n fahamsanahay in ay
☐ Personal Service was attempted by the sher Respondent is avoiding service by hiding of Notice of Hearing was mailed to Responde Shariifka ayaa isku dayey in uu waraaqda waxaa la rumeysan yahay in uu Dacweysa sameeyey, LAAKIIN koobbiga Dacwada Dacweysanaha loogu diray boosto ahaan o	or other means, AND a copy of the Pet ent at Respondent's last known address ugu geeyo si shakhsi ah balse ma suu anuhu diidayo waraaqda oo iska qariy iyo Amarka Ogeysiiska Dacwad-dha	tition and Order or s or place of business. proobin sababtoo ah rey ama wax kale geysiga ayaa
☐ Personal Service was attempted by the sh	heriff and was not made because it is	
Respondent is avoiding service by hiding of the Respondent is unknown, but I hav		ddress and residence
Shariifka ayaa isku dayey in uu waraaqd ah waxaa la rumeysan yahay in uu Dacw kale sameeyey, LAAKIIN cinwaanka ha rumeysni inay taasi jirto	veysanuhu diidayo waraaqda oo iska	qariyey ama wax
-		

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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.

Dated/ Taariikhda:		
	Signature/Saxiixa	
County and state where signed:	Name/ Magaca:	
Deegaanka iyo gobolka saxiixa lagu sameeyey:	(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 uqorin halkan.)	
	Address/ Cinwaanka:	
	City/State/Zip/ Magaalada/Gobolka/	
	Lambarka Boostada Xaafadda (Zip):	
	Telephone: Taleefanka: ()	
	E-mail address:	
	Cinwaanka boostada intarnetka (email):	