

THIS FORM MUST BE COMPLETED IN ENGLISH

လံာ်ကိာ်ဒိအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကိာ်လီၤ

State of Minnesota

မံာ်န့ၣ်စီထံာ် (Minnesota) ကိာ်စဲာ်

District Court

ကိာ်ရဲၣ်ကိာ်ဘျီၣ်

County/ကိာ်ရဲၣ်
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Judicial District: တၢ်စံာ်ညီၣ်ပီတုၤလီၤကဝီၤ-	_____
Court File Number: ကိာ်ဘျီၣ်လံာ်တြီၣ်နီၣ်ဂံၢ်-	_____
Case Type: တၢ်ဂ့ၢ်အကလုာ်-	Harassment တၢ်မၤဆါမၤပယုဲ

\_\_\_\_\_  
Petitioner/ပုၤပတံၤသက့ၢ်ကညးတၢ်,

vs./ဒီး

\_\_\_\_\_  
Respondent/ပုၤတူၢ်ကိာ်

**Petitioner's Request for Dismissal of  
Harassment Restraining Order**  
**ပုၤပတံၤသက့ၢ်ကညးထီၣ်တၢ် အတၢ်ဃုထီၣ်**  
**တၢ်ဆိကတီၢ်**  
**တၢ်မၤဆါမၤပယုဲသဲးတၢ်ကလုာ်တြီၣ်အဂီၢ်**

Petitioner requests dismissal of the Harassment Restraining Order issued on  
 ပုၤပတံၤသက့ၢ်ကညးထီၣ်တၢ် အတၢ်ဃုထီၣ် တၢ်ဆိကတီၢ်ကွံာ် တၢ်မၤဆါမၤပယုဲသဲးတၢ်ကလုာ်တြီၣ်အဂီၢ်  
 လၢတီၣ်ထီၣ်သးဖဲ \_\_\_\_\_  
 because/မ့ၢ်လၢ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**လိာ်ကိာ်ဒိအံာ်တၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲကလံးကိာ်လီၤ**

\_\_\_\_\_  
Date/မ့ၢ်နီၣ်

\_\_\_\_\_  
Petitioner, by signing here, requests dismissal  
ပုၤပတံသကိာ်ကညးထီၣ်တၢ်, ဒိဖျိဆဲးလီၤမံၤဖဲအံၤ,  
ယုထီၣ်တၢ်ဆိကတီၢ်ကိာ်

Printed Name/ကွဲးလီၤမံၤ- \_\_\_\_\_

(If you have asked to keep your address and/or phone number confidential, do not include it here.)

(နမ့ၢ်ယုထီၣ်လၢတၢ်ကဟံနလီၢ်အိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ်  
လီၤတဲစိနီၣ်ဂံၢ်ဒိတၢ်ခူသ့ၣ်အသိးန့ၣ်, တဘၣ်ထၢန့ၣ်ယုဖဲအံၤတဂ့ၤ.)

Address/လီၢ်အိၣ်ဆိးထံး- \_\_\_\_\_

City, State, Zip/ဂ့ၢ်, ကီၢ်စဲၣ်, စံး(ပ)နီၣ်ဂံၢ်- \_\_\_\_\_

Telephone/လီၤတဲစိ- \_\_\_\_\_

E-mail/အံၤမ့(လ)- \_\_\_\_\_