

THIS FORM MUST BE COMPLETED IN ENGLISH  
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV

State of Minnesota  
Xeev Minnesota

District Court  
Cheeb Tsam Tsev Hais Plaub

County of/ Cheeb Koog

Judicial District:  
Cheeb Tsam Hais  
Plaub Ntug: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Zauv Cim Rooj  
Plaub: \_\_\_\_\_  
Case Type: **Harassment**  
Hom Plaub Ntug: **Key Zes Ua Phem**

In the Matter of/ Ntawm Qhov Xwm Txheej:

\_\_\_\_\_  
Petitioner/ Neeg Foob,

vs./ thiab

**Affidavit in Support of Order to  
Show Cause for Contempt (Harassment)**

Minn. Txoj Cai § 609.748, subd. 6(i)

**Tsab Ntawv Pov Thawj Txhawb  
Ntawv Yuam Qhia Laj Thawj Key Tsis Coj Raws  
Cai (Key Zes Ua Phem)**

Minn. Txoj Cai § 609.748, subd. 6(i)

\_\_\_\_\_  
Respondent/ Tus Neeg Raug Foob

My name is/ Kuv lub npe yog \_\_\_\_\_,

I am/ Kuv yog:

- The Petitioner/ Tus Neeg Foob
- Peace Officer/ Tub Kws Tswj Key Thaj Yeeb
- Other interested person named by the Court/

Lwm tus neeg muaj kev txaus siab xaiv los ntawm lub Tsev Hais Plaub

I state that Respondent has violated the following parts of the Order dated: \_\_\_\_\_

Kuv lees tias tus Neeg Raug Foob tau ua txhaum cov ntu nram no hauv Daim Ntawv Yuam:

(List the parts of the Order that Respondent violated)

(Teev qhia cov ntu hauv Daim Ntawv Yuam uas tus Neeg Raug Foob tau ua txhaum rau): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Tau muaj kev ua txhaum Daim Ntawv Yuam thaum tus Neeg Raug Foob ua cov yam ntxwv nram no (Piav qhia cov yam ntxwv kiag, nrog rau tshwm sim li cas, txuam nrog leej twg thiab kwv yees hnuv. Xub teev qhov tshwm sim tom qab tshaj ua ntej. Muab cov ntawv ntxiv yog tsim nyog): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Kuv lees taum tes raws txoj kev nplua txim dag tias txhua tsav yam kuv tau teev rau hauv tsab ntawv no yeej muaj tseeb thiab yog. Minn. Txoj Cai § 358.116.

\_\_\_\_\_  
Dated/ Hnuv tim

\_\_\_\_\_  
Signature/ Kos Npe

Name/ Npe: \_\_\_\_\_

(If you have asked to keep your address and/or phone number confidential, do not include it here.)  
(Yog tias koj twb thov kom ceev zoo cia koj qhov chaw nyob/los sis xov tooj lawm, tsis txhob muab sau rau ntawm no.)

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

Address/ Chaw nyob: \_\_\_\_\_

Cheb koog thiab xeev uas kos npe nyob rau

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

Zos/Xeev/Zip: \_\_\_\_\_

Telephone/ Xov Tooj: \_\_\_\_\_

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

Chaw sau ntawv \_\_\_\_\_