State of Minnesota		District Court
County of:	Judicial District:	
	Court File Number:	
	Case Type:	Domestic Abuse
In the Matter of:		
Petitioner (first, middle, last)		
On behalf of: Other persons needing protection (first, middle, last)		
	Request for H	learing
	Minn. Stat. § 518B.0	1, subds. 5, 7
and for self		
VS.		
Respondent (first, middle, last)		
I am the Respondent in this action. My curre	ent address is:	
My telephone number is		
I respectfully ask the court to hold a hearing	in this case.	
Dated:		
	Respondent	

NOTE

A hearing will not be held unless you request one within <u>five calendar days</u> of receiving these materials.