

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Domestic Abuse

In the Matter of:

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

**Affidavit and Motion to Modify  
Order for Protection  
(Minn. Stat. § 518B.01, subd. 11)**

I, \_\_\_\_\_, state that:

- 1. I am the  Petitioner  Respondent in this action.
- 2. A domestic abuse Order for Protection was issued on \_\_\_\_\_. I request that it be amended as follows: \_\_\_\_\_

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

- 3. Describe in detail why the Court should issue an amended Order for Protection:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4.  An emergency exists because of an immediate danger of physical harm to me or my child (ren).
5.  Because of the danger of physical harm, I am requesting that the court grant my request for a change in the Order for Protection immediately and until the date of the hearing for modification.

**Notice**

**To the Above Named Petitioner/Respondent: Please take Notice** that on

\_\_\_\_\_ at \_\_\_\_\_ . m. at \_\_\_\_\_  
(Date) (Time) (Address)  
 before \_\_\_\_\_, I will ask the Court to change the Order for Protection as  
(Judge)  
 requested in my affidavit above.

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

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

\_\_\_\_\_  
 Signature

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

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

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

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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**Distribution**

\_\_\_\_\_ Certified copy or original - Return to Court Administrator with Affidavit of Personal Service attached

\_\_\_\_\_ Copy for Petitioner(s)  
 \_\_\_\_\_ Copy for file until original returned  
 \_\_\_\_\_ Copy for Sheriff  
 \_\_\_\_\_ Dissolution File

\_\_\_\_\_ Copy for Respondent(s)  
 \_\_\_\_\_ Copy for local police department  
 \_\_\_\_\_ Other: \_\_\_\_\_