

**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/ Cheeb Koog

Judicial District:	
Cheeb Tsam Hais	
Plaub Ntug:	
Court File Number:	
Zauv Cim Rooj	
Plaub:	
Case Type:	
Hom Plaub Ntug:	

Petitioner/ Neeg Foob,

**Affidavit for Filing Foreign
Protective Order**

and/ thiab

**Ntawv Pov Thawj Zwm Ntawv Yuam Tiv Thaiv
Neeg Txawv Teb Chaws
(Affidavit for Filing Foreign Protective Order)**

Respondent/ Tus Neeg Raug Foob

I/ Kuv, _____, am the person filing a foreign protective order pursuant to Minn. Stat. § 518B.01, subd 19a/ yog tus neeg zwm daim ntawv yuam tiv thaiv neeg txawv teb chaws raws li Minn. Txoj Cai § 518B.01, subd 19a.

I further state my belief that the foreign protective order filed with this affidavit is a valid order and has not been amended, rescinded, or superseded by any orders from a court of competent jurisdiction. Kuv teev ntxiv tias kuv txoj kev ntseeg tias daim ntawv yuam tiv thaiv neeg txawv teb chaws uas zwm nrog daim ntawv pov thawj no yeej muaj tseeb thiab yeej tsis tau muab kho hloov, thim rov qab, los sis muab tshooj rau tej ntawv yuam los ntawm lub tsev hais plaub muaj peev xwm rau kuab plaub ntug

The information below assists with entry of foreign protective orders under Minn. Stat. 518B.01, subd. 19a. Please complete as much information as possible to ensure that the conditions intended by the issuing court are reflected in the Minnesota Court Information System and the correct information passes to law enforcement

Cov ncauj lus nram no yuav pab tus neeg txawv teb chaws tau cov ntawv yuam kev tiv thaiv raws li Minn. Txoj Cai 518B.01, subd. 19a. Thov teb cov ncauj lus kom ntau npaum li ntau tau kom cov kev xav tau ntawm lub tsev hais plaub muab kev pom zoo yeej tshwm muaj rau hauv Minnesota Txheej Txheem Ceev Tsev Hais Plaub Cov Ntaub Ntawv (Minnesota Court Information System) thiab muab cov ncauj lus yog xa mus rau tub ceev xwm.

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Party / Protected Person Information Tog Neeg / Cov Ncauj Lus Txog Tus Neeg Tau Kev Tiv Thaiv	
<p>Petitioner/ Neeg Foob,</p> <p><input type="checkbox"/> check for confidential address/phone number kos rau kev ceev zoo cia chaw nyob/xov tooj</p> <p>Name/ Npe:</p> <p>Address/ Chaw nyob:</p> <p><small>(If your address is confidential do not include it here) (Yog ceev zoo cia koj qhov chaw nyob, tsis txhob sau rau ntawm no)</small></p> <p>Phone Number(s):</p> <p>Tus (Cov) Xov Tooj:</p> <p><small>(If your phone number is confidential do not include it here) (Yog ceev zoo cia koj tus xov tooj, tsis txhob sau rau ntawm no)</small></p> <p>Date of Birth or age:</p> <p>Hnub Yug los sis hnub nyoog:</p> <p>Gender/ Zeej Xeeb:</p> <p>Race/ Haiv Neeg:</p> <p>Petitioner is Protected Party?</p> <p>Tus Neeg Foob puas yog Tog Neeg Tau Tiv Thaiv?</p> <p style="text-align: center;"><input type="checkbox"/> Yes/ Yog <input type="checkbox"/> No/ Tsis Yog</p>	<p>Respondent/ Neeg Raug Foob</p> <p>Name/ Npe:</p> <p>Address/ Chaw nyob:</p> <p>Phone Number(s)/ Tus (Cov) Xov Tooj:</p> <p>Date of Birth or age:</p> <p>Hnub Yug los sis hnub nyoog:</p> <p>Gender/ Zeej Xeeb:</p> <p>Race/ Haiv Neeg:</p>
<p>Other Persons Protected by Order Lwm Cov Tib Neeg Tau Kev Tiv Thaiv Los Ntawm Daim Ntawv Yuam</p> <p>Name/ Npe:</p>	<p>Parties' Qualifying Relationship Cov Tog Neeg Txoj Kev Sib Txheeb Sib Ze Tsim Nyog</p> <p><input type="checkbox"/> Married/ Muaj txij nkawm</p> <p><input type="checkbox"/> Divorced/ Sib nrauj lawm</p>

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<p>DOB or age:</p> <p>Hnub Yug los sis hnub nyoog:</p> <p>Gender/ Zeej Xeeb:</p> <p>Race/ Haiv Neeg:</p> <p>Name/ Npe:</p> <p>Date of Birth or age:</p> <p>Hnub Yug los sis hnub nyoog:</p> <p>Gender/ Zeej Xeeb:</p> <p>Race/ Haiv Neeg:</p> <p>(attach additional sheet with additional names and protected addresses if necessary) (rhais lwm nplooj ntawv ntxiv rau lwm cov npe thiab chaw nyob uas tau kev tiv thaiv yog tsim nyog)</p>	<p><input type="checkbox"/> Living Together/ Nyob Ua Ke</p> <p><input type="checkbox"/> Lived Together/ Nyob Ua Ke Dhau Los</p> <p><input type="checkbox"/> Have a Child Together Muaj Ib Tug Me Nyuam Ua Ke</p> <p><input type="checkbox"/> Have Unborn Child Together Xeeb Muaj Me Nyuam Hauv Plab Ua Ke</p> <p><input type="checkbox"/> Parent and Child Niam Txiv thiab Me Nyuam</p> <p><input type="checkbox"/> Related by Blood Sib txheeb Los Ntawm Roj Ntsha</p> <p><input type="checkbox"/> Significant Romantic or Sexual Relationship Muaj Kev Sib Hlub los sis Sib Deev Zoo Heev</p>
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Information about the Order Ncauj Lus Txog Daim Ntawv Yuam	
<p>Issuing Court:</p> <p>Lub Tsev Hais Plaub Pom Zoo:</p>	<p>Issue Date/ Hnub Pom Zoo:</p>
<p>Service Information</p> <p>Ncauj Lus Txog Kev Xa Ntawv</p> <p>Serving Agency/ Koom Haum Xa Ntawv:</p>	<p>Order Expiration Date:</p> <p>Daim Ntawv Yuam Hnub Xaus:</p>
<p>Date Served/ Hnub Xa:</p>	<p>Type of Service/ Hom Kev Xa Ntawv:</p> <p><input type="checkbox"/> In Person/ Tim Ntsej Tim Muag</p> <p><input type="checkbox"/> By Mail/ Xa Hauv Chaw Xa Ntawv</p> <p><input type="checkbox"/> By Short Form/ Raws Tsab Ntawv Luv</p> <p><input type="checkbox"/> By Publication/ Raws Kev Tshaj Xo</p>

I understand that requests for modification, dismissal, or extension of the order must be addressed in the court that issued the original order.

Kuv nkag siab tias cov ntawv thov kev kho hloov, kev rho tawm, los sis kev ncuaj sij hawm rau daim ntawv yuam, yuav tsum koj mus hais rau hauv lub tsev hais plaub uas pom zoo daim ntawv yuam thaum chiv thawj.

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I understand that I am responsible for filing any updates to this order, including service information and any order changes, dismissals, or extensions, etc., with the same county court administrator for entry into the Minnesota Court Information System. Not coming back to the same county court to file changes and update information may delay or prevent enforcement of this order.

Kuv nkag siab tias kuv muaj tes luag num yuav tsum zwm tej ncauj lus tshiab rau daim ntawv yuam no, xws li cov ncauj lus txog kev xa ntawv thiab lwm cov kev hloov, kev rho tawm, los sis kev ncau sij hawm thiab tej yam li ntawd, rau hauv tib lub cheeb koog tsev hais plaub tus neeg khiav hauj lwm kom muab tso tau rau hauv Minnesota Txheej Txheem Ceev Tsev Hais Plaub Cov Ntaub Ntawv (Minnesota Court Information System). Tsis rov qab tuaj rau tib lub cheeb koog tsev hais plaub tuaj zwm cov kev hloov thiab ncauj lus tshiab yuav muaj kev ncuag lig los sis txwv txiav kev tswj daim ntawv yuam no kom ua hauj lwm.

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

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

Dated/ Hnub tim _____

Signature/ Kos Npe

County and State Where Signed:

Name/ Npe: _____

Cheeb Koog thiab Xeev uas kos npe nyob rau:

(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.)

Address/Chaw nyob: _____

City/State/Zip: _____

Zos/Xeev/Zip: _____

Telephone: (_____) _____

Xov Tooj: _____

E-mail address: _____

Chaw sau ntawv Email: _____