

State of Minnesota

District Court

County

Judicial District: _____
Court File Number: _____
Case Type: _____

Petitioner/Plaintiff

and/vs

**Affidavit for Filing Foreign
Protective Order**

Respondent/Defendant

I, _____, am the person filing a foreign protective order pursuant to Minn. Stat. § 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state my belief that the foreign protective order filed with this affidavit is a valid order and has not been amended, rescinded, or superseded by any orders from a court of competent jurisdiction.

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.

Party / Protected Person Information	
<p>Petitioner/Protected Person <input type="checkbox"/> check for confidential address/phone number</p> <p>Name:</p> <p>Address: (If your address is confidential do not include it here)</p> <p>Phone Number(s): (If your phone number is confidential do not include it here)</p> <p>Date of Birth or age:</p> <p>Gender: Race:</p> <p>Petitioner is Protected Party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Respondent/Defendant</p> <p>Name:</p> <p>Address:</p> <p>Phone Number(s):</p> <p>Date of Birth or age:</p> <p>Gender: Race:</p>

<p>Other Persons Protected by Order</p> <p>Name:</p> <p>DOB or age:</p> <p>Gender: Race:</p> <p>Name:</p> <p>Date of Birth or age:</p> <p>Gender: Race:</p> <p>(attach additional sheet with additional names and protected addresses if necessary)</p>	<p>Parties' Qualifying Relationship</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Living Together</p> <p><input type="checkbox"/> Lived Together</p> <p><input type="checkbox"/> Have a Child Together</p> <p><input type="checkbox"/> Have Unborn Child Together</p> <p><input type="checkbox"/> Parent and Child</p> <p><input type="checkbox"/> Related by Blood</p> <p><input type="checkbox"/> Significant Romantic or Sexual Relationship</p> <p><input type="checkbox"/> None of the above</p>
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Information about the Order	
Issuing Court:	Issue Date:
Service Information	Order Expiration Date:
Serving Agency:	Type of Service:
Date Served:	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Short Form <input type="checkbox"/> By Publication

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

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.

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

Dated

County and state where signed

Signature

Name: _____

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

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____