

**THIS FORM MUST BE COMPLETED IN ENGLISH  
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIRIIS**

**State of Minnesota  
Gobolka Minnesota**

**District Court  
Maxkamadda Degmada**

County/ Deegaanka
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Judicial District	
Garsoorka Degmada:	_____
Court File Number	_____
Lambarka Feylka	
Maxkamadda:	
Case Type	Domestic Abuse
Nooca Kiiska:	Tacaddiyada
	Qoyska Gudhiisa

\_\_\_\_\_  
Petitioner/ Dacwoodaha

vs./ vs.

\_\_\_\_\_  
Respondent/Dacweysanaha

**Petitioner's Request for Dismissal of  
Order for Protection  
Dacwoodaha wuxuu codsanayaa  
ka-harid Amar Difaacid ah**

Petitioner requests dismissal of the Order for Protection issued on \_\_\_\_\_  
Dacwooduhu wuxuu codsanayaa ka-haridda Amar Difaacid ah oo la bixiyey

because/ sababtoo ah: \_\_\_\_\_

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

\_\_\_\_\_  
Date/ Taariikhda

\_\_\_\_\_  
Petitioner, by signing here, requests dismissal  
Dacwoodaha, markuu halkan saxiixo, wuxuu codsanayaa ka-harid

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

Magaca Far Waaweyn:

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

(Haddii aad soo codsatay in cinwaanka iyo/ama lambarka taleefanka lagaaga dhigo qarsoodi, ha ku qorin halkan.)

Address/ Cinwaanka: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Magaalada, Gobolka, Lambarka Xaafadda (Zip):

Telephone/ Taleefanka: \_\_\_\_\_

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E-mail: \_\_\_\_\_  
Boostada Intarnetka (Email):