

State of Minnesota  
မံၣ်နံၣ်စီထံၣ် (Minnesota) ကီၢ်စဲၣ်

District Court/ကီၢ်ရၣ်ကွီၣ်ဘျီၣ်

County/ကီၢ်ရၣ်ဒီးထံၣ်

Judicial District: \_\_\_\_\_

တၢ်စံၣ်ညီၣ်ပီတုၤလီၢ်ကဝီၤ-

Court File Number: \_\_\_\_\_

ကွီၣ်ဘျီၣ်လံာ်တြၢ်နီၣ်ဂံၢ်-

Case Type: Domestic Abuse  
တၢ်ဂ့ၢ်အကလုာ်- ဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခီၣ်  
တကး

In the Matter of/တၢ်ဂ့ၢ်-

\_\_\_\_\_  
Petitioner (first, middle, last)  
ပုၤပတံၤသကွံၢ်ကညးတၢ် (မံၤခီၣ်ထံး, မံၤခါၣ်သး, မံၤကတၢၢ်)

On behalf of/လၢအခါၣ်စး-  
Other persons needing protection (first, middle, last)  
ပုၤအဂၤလၢအလိာ်ဘၣ်တၢ်ဒီသဒါအဂီၢ် (မံၤခီၣ်ထံး, မံၤခါၣ်သး,  
မံၤကတၢၢ်)

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

and for her/himself  
ဒီးလၢအဝဲပိာ်မုာ်/ပိာ်ခွါအဂီၢ်

vs./ဒီး

\_\_\_\_\_  
Respondent (first, middle, last)  
ပုၤတူၢ်ကွီၢ် (မံၤခီၣ်ထံး, မံၤခါၣ်သး, မံၤကတၢၢ်)

**Petition for Order for Protection  
(OFP)**

**တၢ်ပတံၤသကွံၢ်ကညးထီၣ်လၢတၢ်ဟ့ၣ်  
လီၤတၢ်ကလုာ်လၢတၢ်ဒီသဒါအဂီၢ်  
(OFP)**

Minn. Stat. § 518B.01

1. Petitioner Information (You)/ပုၤပတံသကိၵ်ကညးတၢ်အတၢ်ဂ့ၢ်တၢ်ကျိၣ် (နၤ)

Name: (first, middle, last)/မံၤ - (မံၤဒိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်) \_\_\_\_\_

Race/စၢၤသ့ၣ်ကလုာ်ဒုၣ် \_\_\_\_\_

Gender/ကဲမုၢ်ခွါ-  male/ပိာ်မုၢ်  female/ပိာ်ခွါ

Date of birth: (month/day/year)/အိၣ်ဖျဲၣ်မုၢ်နံၤ- (လါ/သီ/နံၣ်) \_\_\_\_\_

(for federal reporting purposes)/(လၢဖဲၣ်ဒရၢၣ်ကီၢ်စၢၤဖျိၣ်ဟံၤဖျါထီၣ်တၢ်ပညိၣ်တဖၣ်အဂီၢ်)

Address/လီၤအိၣ်ဆိးထံး-

I am requesting that my **address** be kept confidential by submitting the completed *Confidential Address/Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your address below.)

ယဃုထီၣ်လၢတၢ်ကဟံၤခူသ့ၣ်ယ **လီၤအိၣ်ဆိးထံး** ဒိဖျိတိၣ်ဖျါထီၣ် တၢ်ယဃုထီၣ်လီၤအိၣ်ဆိးထံး/  
လီၤတဲစိ လံာ်ကိၵ်ဒိ (OFP107) ဆူကိၵ်ဘျီၣ်န့ၣ်လီၤ. (**တိၢ်နီၣ်**- နမ့ၢ်ယုထၢတၢ်ယုထၢအကျဲအံၤန့ၣ်,  
တဘၣ်မၤပုၤနလီၤအိၣ်ဆိးထံးလၢလၢာ်ဘၣ်.)

**OR/မ့တမ့ၢ်**

I am not requesting that my address be kept confidential. My address is:  
ယတဃုထီၣ်ယလီၤအိၣ်ဆိးထံးလၢတၢ်ကဟံၤအီၤဒတၢ်ခူသ့ၣ်အသိးဘၣ်. ယလီၤအိၣ်ဆိးထံးမ့ၢ်ဝဲ-

My Address/ယလီၤအိၣ်ဆိးထံး- \_\_\_\_\_

City, State, Zip Code/ဝုၢ်, ကီၢ်ဖဲၣ်, စံး(ပ)နီၣ်ဂံၢ်- \_\_\_\_\_

Phone Number/လီၤတဲစိနီၣ်ဂံၢ်-

I am requesting that my **phone number** be kept confidential by submitting the completed *Confidential Address/Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your phone number below.)

ယဃုထီၣ်လၢတၢ်ကဟံၤခူသ့ၣ်ယ **လီၤတဲစိနီၣ်ဂံၢ်** ဒိဖျိတိၣ်ဖျါထီၣ် တၢ်ယဃုထီၣ်လီၤအိၣ်ဆိးထံး/  
လီၤတဲစိ လံာ်ကိၵ်ဒိ (OFP107) ဆူကိၵ်ဘျီၣ်န့ၣ်လီၤ. (**တိၢ်နီၣ်**- နမ့ၢ်ယုထၢတၢ်ယုထၢအကျဲအံၤန့ၣ်,  
တဘၣ် မၤပုၤနလီၤအိၣ်ဆိးထံးလၢလၢာ်ဘၣ်.)

**OR/မ့တမ့ၢ်**

I am not requesting that my phone number be kept confidential. My phone number is:
ယတဃုထီၣ်ယလီၤတဲစိနီၣ်ဂံၢ်လၢတၢ်ကဟံးအီၤဒဲတၢ်ခူသ့ၣ်အသိးဘၣ်. ယလီၤတဲစိနီၣ်ဂံၢ်မ့ၢ်ဝဲ -

Telephone/လီၤတဲစိ- ( \_\_\_\_\_ ) \_\_\_\_\_

2. Email Notification of Service/အံမ့(လ)တၢ်ဘိးဘၣ်သ့ၣ်ညါဘၣ်ဃးဒီးတၢ်မၤစၢၤ

By providing my email address below, I ask to be notified by email when the respondent is served with the OFP. I understand that:

ဒိဖျိယဟ့ၣ်လီၤယလီၤအိၣ်ဆိးထံးနီၣ်ဂံၢ်ဖဲလၢအံအဃိ, တၢ်ဃုထီၣ်ယလၢ ယကဘိးဘၣ်သ့ၣ်ညါ
တၢ်ဒိဖျိအံမ့(လ) ဖဲတၢ်မၤန့ၢ်ပုၤတူၢ်ကိၵ်ဒိး OFP အခါန့ၣ်လီၤ. ယန့ၢ်ပၢၢ်လၢ -

- This is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email,
 တၢ်အံၤ မ့ၢ်ဝဲအံမ့(လ) ထဲတဘၣ်ခိၤလၢယကမၤန့ၢ်အီၤလၢကိၵ်ဒိးဘၣ်ဃးဒီး OFP မ့တမ့ၢ်
 ဘၣ်လၢယဆဲးလီၤမံၤလၢကမၤန့ၢ်ကိၵ်ဒိးတၢ်ဘိးဘၣ်သ့ၣ်ညါအဂၤဒိဖျိအံမ့(လ) တစု,
- It will only be possible for the court to notify me by email when service information is received by the court,
 တၢ်အံၤမၤအသးသ့ၣ်လၢကိၵ်ဒိးအဂီၢ်ထဲဒၣ်ဖဲအဘိးဘၣ်သ့ၣ်ညါယဒိဖျိအံမ့(လ) ဖဲကိၵ်ဒိးဘၣ်
 မၤန့ၢ်တၢ်မၤစၢၤတၢ်ဂ့ၢ်တၢ်ကျိၣ်အံၤအခါ,
- A technical or other error could happen that prevents the successful delivery of the email,
 တၢ်သ့တၢ်ဘၣ်အကျိၣ်အကျဲ မ့တမ့ၢ် တၢ်ကမၤန့ၢ်အဂၤလၢအကဲထီၣ်အသးသ့ၣ်လၢ
 ကကဟ့ၣ်ကယာ်ဒိသဒါတၢ်ဆုၢ်အံမ့(လ)လၢအကဲထီၣ်လိၣ်ထီၣ်,
- I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly, and
 ယအိၣ်ဒီးတၢ်ဃုထီၣ်အကျဲအဂၤလၢယမၤလိန့ၢ်ဘၣ်ဃးဒီး OFP တၢ်မၤစၢၤလၢအဘၣ်ဃးဒီး
 ပုၤတူၢ်ကိၵ်ဒိး, ပုၤဃုာ်ဒီးတၢ်ဆဲးကျဲပၤကိၵ်ဒိးပုၤဘၣ်မူဘၣ်ဒါလိၤလိၤ, ဒီး
- I must provide a valid email address in order to receive this notification of service.
 ယကဘၣ်ဟ့ၣ်လီၤအံမ့(လ)နီၣ်ဂံၢ်ဖိးသဲးလၢကမၤန့ၢ်တၢ်ဘိးဘၣ်သ့ၣ်ညါဘၣ်ဃးဒီးတၢ်မၤစၢၤ
 န့ၣ်လီၤ.

THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:

ပုၤတူၢ်ကိၵ်ဒိးကထံၣ်ဝဲဒၣ်အံမ့(လ)နီၣ်ဂံၢ်အံၤလီၤ-

Email address/အံမ့(လ)နီၣ်ဂံၢ် - \_\_\_\_\_

3. Who needs protection/မတၢ်လိာ်ဘၣ်တၢ်ဒီသဒါလဲာ်.

- Me (Petitioner)/ယၤ (ပုၤတံသကိာ်ကညးတၢ်)
- My minor children/ယဖိဆံးဖိတဖၣ်
- A person for whom I am the legal guardian (attach Guardianship Order)  
ပုၤလၢယမ့ၢ်အပုၤကွၢ်ထွဲတၢ်ဖိးသဲးစး (ဘျးစဲကိာ်ဘျီတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ကွၢ်ထွဲအဂီၢ်)
- A minor child who is not my legal child, but is a family or household member of mine  
ဖိသၢ်ဆံးလၢတမ့ၢ်ယဖိးသဲးစး, ဘၣ်ဆၢ်မ့ၢ်ဝဲယဟံၣ်ဖိသီဖိ မ့တမ့ၢ် ယပုၤဟံၣ်ဖိသီဖိ
- Other/အဂၤ- \_\_\_\_\_

For anyone you checked above, other than you, please fill out the following:  
ပုၤတဂၤလၢလိာ်လၢနမၤနီၣ်အီၤလၢထးတဖၣ်, လၢတမ့ၢ်နၤ, ဝံသးစူၤမၤပုၤတၢ်လၢလိာ်-

Name (first, middle, last) မံၤ - (မံၤခိာ်ထံး, မံၤခါာ်သး, မံၤကတၢ်)	Race စၢၤသ့ၣ် ကလုာ် ဒုၣ်	Gender ကဲမ့ၣ်ခွါ	Date of Birth အိၣ်ဖျါ မ့ၢ်န့ၤ	Lives with you? အိၣ်ဆိးဒီးနၤခါ.	How do you know this person? နသ့ၣ်ညါပုၤအံၤဒ် လဲာ်.	How does this person know the Respondent? ပုၤတဂၤအံၤသ့ၣ်ညါ ပုၤတူၢ်ကိာ်ဒီလဲာ်.
		<input type="checkbox"/> M/ဟိာ်ခွါ <input type="checkbox"/> F/ဟိာ်မ့ၣ်		<input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်		
		<input type="checkbox"/> M/ဟိာ်ခွါ <input type="checkbox"/> F/ဟိာ်မ့ၣ်		<input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်		
		<input type="checkbox"/> M/ဟိာ်ခွါ <input type="checkbox"/> F/ဟိာ်မ့ၣ်		<input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်		
		<input type="checkbox"/> M/ဟိာ်ခွါ <input type="checkbox"/> F/ဟိာ်မ့ၣ်		<input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်		
		<input type="checkbox"/> M/ဟိာ်ခွါ <input type="checkbox"/> F/ဟိာ်မ့ၣ်		<input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်		

**MINOR CHILDREN/ပုၤဖိသၢ်ဆံးဖိတဖၣ်**

4. Do you have any minor children with the Respondent who are not listed at #3?  
 မ့ၢ်န့ၣ်အိၣ်ဒီးပုၤဖိသၢ်ဖိတဂၤလၢလၢအိၣ်ဒီးပုၤတူၢ်ကိစ္စတၢ်တၢ်တဖၣ်ဖျါထီၣ်အီၤဖဲ #3 န့ၣ်ဒါ.  
 Yes/မ့ၢ်  No/တမ့ၢ်

If Yes/မ့ၢ်စံးဆါ မ့ၢ်-

- How many/ပုၤဂၤလဲၣ်. \_
- Complete one *Other Minor Children with Respondent* attachment (OFP904) for each child not listed at #3.  
 မၤပုၤတခါ ပုၤဖိသၢ်ဆံးအဂၤလၢအိၣ်ဒီးပုၤတူၢ်ကိစ္စတၢ်တၢ်တဖၣ်ဖျါထီၣ်အီၤဖဲ (OFP904) လၢပုၤဖိသၢ်တဂၤစ့ၣ်စ့ၣ်လၢတၢ်တက့ၢ်ဖျါထီၣ်အီၤဖဲ #3 အဂီၢ်.

5. Are there any other minor children living with you that are not listed above at #3 or #4 (even if you are not related to them)?  Yes/မ့ၢ်  No/တမ့ၢ်

မ့ၢ်ပုၤဖိသၢ်တဂၤလၢလၢအမံၤတဘၣ်တၢ်တဖၣ်ဖျါထီၣ်ဖဲလၢထးဖဲ #3 မ့ၢ်တမ့ၢ် #4 အိၣ်ဒီးန့ၣ် (ဖဲန့ၣ်မ့ၢ်တဘၣ်ထွဲဒီးအဝဲသ့ၣ်ဒၣ်လဲၣ်ဒါ).

If Yes, complete the information below:/မ့ၢ်စံးဆါ မ့ၢ်န့ၣ်, မၤပုၤတၢ်ဂ့ၢ်တၢ်ကျိၤလၢလၢ-

Name (first, middle, last) မံၤ - (မံၤခီၣ်ထံး, မံၤခါၣ်သး, မံၤကတၢၢ်)	Date of Birth အိၣ်ဖျဲၣ် မ့ၢ်န့ၣ်	How do you know this child? န့ၣ်ညါပုၤဖိသၢ်အံၤဒဲလဲၣ်.	How does this child know the Respondent? ပုၤဖိသၢ်အံၤသ့ၣ်ညါပုၤတူၢ်ကိစ္စလဲၣ်.

RESPONDENT/ပုၤတူၢ်ကိာ်

6. Respondent Information: (Person you want protection from)

ပုၤတူၢ်ကိာ်တၢ်ဂ့ၢ်တၢ်ကျိၤ- (ပုၤလၢနအဲဒီးတၢ်ကဟုကယၢ်လၢအအိၣ်)

Name: (first, middle, last)/မံၤ - (မံၤဒိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်) \_\_\_\_\_

Address/လိာ်အိၣ်ဆိးထံး- \_\_\_\_\_

City, State, Zip Code/ဝုၢ်, ကိာ်စဲၣ်, စံး(ပ)နီၣ်ဂံၢ်- \_\_\_\_\_

Telephone/လီၤတဲစိ- \_\_\_\_\_

Race/စၢၤသ့ၣ်ကလုာ်ဒုၣ် \_\_\_\_\_

Gender/ကဲမုၢ်ခါ-  male/ပိာ်မုၢ်  female/ပိာ်ခါ

Date of birth: \_\_\_\_\_ If unknown, age or approximate age: \_\_\_\_\_

အိၣ်ဖျဲၣ်မုၢ်နီၣ်- မ့ၢ်တသ့ၣ်ညါ, သးနံၣ် မ့တမ့ၢ် သးနံၣ်အကြၢးအဘၣ်-

(for federal reporting purposes)/(လၢဖဲၣ်ဒရၢၣ်ကိာ်စၢၤဖိၣ်ဟ်ဖျါထီၣ်တၢ်ပညိၣ်တဖၣ်အဂီၢ်)

Is Respondent under the age of 18?  Yes/မ့ၢ်  No/တမ့ၢ်

မ့ၢ်ပုၤတူၢ်ကိာ်အသးအိၣ် 18 နံၣ်အဖီလၢ်ခါ.

Answer these questions **only if** Respondent is younger than 18:

စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ ထဲဒၣ်ပဲ ပုၤတူၢ်ကိာ်အံၤအသးစၢၤန့ၢ် 18 နံၣ်-

Respondent's parent's or guardian's name:

ပုၤတူၢ်ကိာ်အမိၢ်အပၢ် မ့တမ့ၢ် ပုၤကွၢ်ထွဲတၢ်အမံၤ-

If Respondent is under 18 years old, service must be made on Respondent **and** Respondent's parent or guardian. ပုၤတူၢ်ကိာ်အသးမ့ၢ်အိၣ် 18 အဖီလၢ်, တၢ်ကဘၣ်မၤ တၢ်မၤစၢၤလၢပုၤတူၢ်ကိာ် ဒီး ပုၤတူၢ်ကိာ်အမိၢ်ပၢ် မ့တမ့ၢ် ပုၤကွၢ်ထွဲတၢ်အဖီခိၣ်န့ၢ်လီၤ.

Parent or guardian address: \_\_\_\_\_

မိၢ်ပၢ် မ့တမ့ၢ် ပုၤကွၢ်ထွဲတၢ်အလိာ်အိၣ်ဆိးထံး.

7. How does the person needing protection know the Respondent? (Check all that apply)

ပုၤလၢအလိာ်ဘၣ်တၢ်ဒီသဒါအံၤသ့ၣ်ညါပုၤတူၢ်ကိာ်ဒီလဲၣ်. (မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်)

Married. Marriage date/ဖျိသး. ဖျိသးအမုၢ်နံၤ- \_\_\_\_\_

Divorced. Marriage date/လီၤဖး. ဖျိသးအမုၢ်နံၤ- \_\_\_\_\_

Divorce date/လီၤဖးအမုၢ်နံၤ- \_\_\_\_\_

Currently living together since/အဲၤအံၤအိၣ်တပူၤဃီစးထီၣ်လၢ \_\_\_\_\_ (date)/(မုၢ်နံၤ)

Used to live together/အိၣ်တ့ၢ်တပူၤဃီ

(from/စးထီၣ်လၢ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to/တုၤ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)

Have a child together/ထီၣ်ဖိတဂၤ

Have an unborn child together/အိၣ်ဒီးအဖိလၢတအိၣ်ဖျဲၣ်ထီၣ်ဒံးဘၣ်

Parent/Child/မိၢ်ပၢ်/ပုၤဖိသၣ်

Related by blood/ဘၣ်ထွဲဒီးသွံၣ်ထံ

Significant romantic or sexual relationship/တၢ်အဲၣ်တၢ်ကွံၤလၢအရ့ၣ်ဒိၣ် မ့တမ့ၢ်

တၢ်ရဲၤလိာ်မုၢ်လိာ်လၢမုၢ်ခွါသွံၣ်ထံးတကပၤ

The relationship lasted from/တၢ်ရဲၤလိာ်မုၢ်လိာ်ယံာ်ဝဲ

(date)/(မုၢ်နံၤ)- \_\_\_\_\_ until/တုၤလၢ \_\_\_\_\_

How often did you have contact with Respondent during that time?

နတၢ်ဆဲးကျါအိၣ်ဒီးပုၤတူၢ်ကိာ်ဖဲတၢ်ဆၢကတီၢ်အခါဝဲန့ၣ်ညီၣ်န့ၣ်ထဲလဲၣ်. \_\_\_\_\_

**OTHER COURT CASES/ကိာ်ဘျီၣ်တၢ်ဂ့ၢ်အဂၤတဖၣ်**

8. Is there an OFP **in effect now** between you, or anyone else listed at #3 above, and Respondent?  
**အဲၤအံၤမုၢ်တၢ်စူးကျါ** OFP လၢ နၤ, မ့တမ့ၢ် ပုၤအဂၤတဂၤလၢလၢတၢ်ကွဲးဟံၤဖျါထီၣ်အီၤဖဲ #3 လၢထး,  
ဒီးပုၤတူၢ်ကိာ်အဘၣ်စၢၤခါ.

Yes/မ့ၢ်  No/တမ့ၢ် (If No, skip to #9.)/(မ့ၢ်စံးဆၢတမ့ၢ်, ဒီကဟံဆူ #9.)

If Yes, when does the Order expire? \_\_\_\_\_

မ့ၢ်စံးဆၢ မ့ၢ်, ကိၵ်ဘျီၣ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်အတၢ်ဆၢကတီၢ်ကလၢကွံၣ်အခါဖဲလဲၣ်.

In what county and state was the Order made? \_\_\_\_\_

တၢ်မၤတၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်လၢကီၢ်ရၣ်ဒီးထံၣ်ဒီးကီၢ်စဲၣ်မနုၤတဘျီအပူၤလဲၣ်.

What is the Court File or Case Number? \_\_\_\_\_

ကိၵ်ဘျီၣ်လံာ်တြီၣ် မ့တမ့ၢ် တၢ်ဂ့ၢ်နီၣ်ဂံၢ်န့ၣ်မ့ၢ်တၢ်မနုၤလဲၣ်.

The Order requires (name) \_\_\_\_\_

ကိၵ်ဘျီၣ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်လိၣ်ဘၣ် (မံၤ)

to stay away from (names)/ကအိၣ်ယံၤဒီး (မံၤတဖၣ်) \_\_\_\_\_

9. Orders for Protection no longer in effect/တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်လၢတၢ်ဒိသဒါအဂီၢ် တမၤတၢ် လၢၤဘၣ်-

Have you, or any of the people listed at #3, had an OFP against Respondent in the past?

မ့ၢ်န့ၣ်, မ့တမ့ၢ် ပုၤတဂၤလၢလၢတၢ်ဟံဖျါထီၣ်ဖဲ #3, အိၣ်ဒီး OFP လၢအထီၣ်ဒါပုၤတူၢ်ကွၢ်ဖဲအပူၤကွံၣ်  
ခါ.

Yes/မ့ၢ်  No/တမ့ၢ် (If No, skip to #10.)/(မ့ၢ်စံးဆၢတမ့ၢ်, ဒီကဟံဆူ #10.)

If Yes, how many/မ့ၢ်စံးဆၢ မ့ၢ်န့ၣ်, ဆံးအါလဲၣ်. \_\_\_\_\_

(If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)

(တစိၢ်တလီၢ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်အံၤအမုၢ်န့ၣ်မ့ၢ်လၢကွံၣ် မ့ၢ်လၢပၤကီၢ်ပုၤဘၣ်မ့ၢ်ဘၣ်ဒါ

မၤန့ၢ်တၢ်လၢပုၤတူၢ်ကွၢ်အဂီၢ်ဒီး OFP တန့ၢ်တသ့အယိန့ၣ်, နတလိၣ်ကွဲးဟံဖျါထီၣ်အီၤဖဲအံၤ

ဘၣ်န့ၣ်လီၤ.)



Give the following details/ဟ့ၣ်တၢ်လၢလၢာ်တဖၣ်အဂ့ၢ်အကျိၤလီၤတၢ်လီၤဆဲး-

Court File or Case Number, if known ကိာ်ဘျီာ်လံာ်တြိာ် မ့တမ့ၢ် တၢ်ဂ့ၢ်နီၣ်ဂံၢ်, မ့ၢ်သ့ၣ်ညါ	County and State/ကိာ်ရၣ်ဒီးထံၣ်ဒီးကိာ်စဲၣ်

If you need more space, add another sheet of paper/နမ့ၢ်လိာ်ဘၣ်အါထီၣ်တၢ်လီၤန့ၣ်, ထၢန့ၢ်အါထီၣ် လံာ်က့တက့တက့ၢ်.

10. Now, or in the past, have you (or other person at #3) and Respondent been jointly involved in **other family court cases, domestic abuse criminal cases, or harassment restraining order cases?**

အဲအံၤ, မ့တမ့ၢ် လၢအပူၤကိာ်, မ့ၢ်န့ၣ် (မ့တမ့ၢ် ပုၤအဂၤဖဲ #3) ဒီးပုၤတူၢ်ကိာ် န့ၣ်လီၤပာ်ဃုာ်သကိးလၢ တံၣ်ဖိဃီဖိကိာ်ဘျီာ်တၢ်ဂ့ၢ်အဂၤတဖၣ်အပူၤ, တၢ်မၤကမၣ်တံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိာ်တကးတၢ်ဂ့ၢ်တဖၣ်, မ့တမ့ၢ် တၢ်မၤဆါမၤပယုဲသဲးတၢ်ကလုာ်တြိာ်တၢ်ဂ့ၢ်တဖၣ်အပူၤဧါ.

Yes/မ့ၢ်  No/တမ့ၢ် (If No, skip to #11.)/(မ့ၢ်စံးဆါ တမ့ၢ်, ဒီကဟ်ဆူ #11.)

If **Yes**, check the box to show what type of case (current or closed) you and Respondent have (or had). Check all that apply:

မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, မၤနီၣ်လီၤကိာ်လၢအဒုးန့ၣ်တၢ်ဂ့ၢ်အကလုာ်အံၤမ့ၢ်တၢ်မနုၤလဲၣ် (အဲအံၤ မ့တမ့ၢ် ကးတံာ်အသး) လၢန့ၣ်ဒီးပုၤတူၢ်ကိာ်အိၣ်ဒီး (မ့တမ့ၢ် အိၣ်တ့ၢ်ဒီး). မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်-

- Divorce/လီၤဖး  Custody/တၢ်ကွၢ်ထွဲ  Paternity/တၢ်ကဲပာ်
- Child Support/ဖိသၣ်တၢ်ဆိာ်ထွဲမၤစၢၤ  Child Protection/ပုၤဖိသၣ်တၢ်ဒီသဒါ
- Domestic Abuse criminal charges/တံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိာ်တကး တၢ်မၤကမၣ်သဲး တဖၣ်
- Domestic Abuse criminal conviction  
တံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိာ်တကးတၢ်မၤကမၣ် သဲးတၢ်ဂ့ၢ်တဖၣ်
- Harassment Restraining Order/တၢ်မၤဆါမၤပယုဲသဲးတၢ်ကလုာ်တြိာ်တဖၣ်.

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

For each box checked above, give the following case information. If you are not sure of the details, contact court administration for help.

လၢကိာ်တခါစၢ်စၢ်လၢထးအဂီၢ်, ဟ့ၣ်လီၤတၢ်ဂ့ၢ်အတၢ်ဂ့ၢ်တၢ်ကျိၤလၢလၢတဖၣ်တက့ၢ်. နမ့ၢ်တလီၤတံၢ်ဘၣ်ဃးဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်န့ၣ်, ဆဲးကျၢကိာ်ဘျီၣ်တၢ်ပၤတၢ်ပြးလၢတၢ်မၤစၢၤအဂီၢ်တက့ၢ်.

Case Type တၢ်ဂ့ၢ်အကလုာ်-	File or Case Number လံာ်တြီၢ် မ့တမ့ၢ် တၢ်ဂ့ၢ်နီၣ်ဂံၢ်	State and County ကိာ်စဲၣ်ဒီးကိာ်ရ့ၣ်ဒီးထံၣ်	Year Filed တနံၣ်တဘျီလံာ်တြီၢ်	Names of children involved in case ဖိသၢ်လၢအပၣ်ဃုာ်လၢတၢ်ဂ့ၢ်တဖၣ်အပူၤအမံၤ

If you need more space, add another sheet of paper/နမ့ၢ်လိာ်ဘၣ်အါထီၣ်တၢ်လီၤန့ၣ်, ထၢန့ၣ်အါထီၣ်လံာ်က့တက့ တက့ၢ်.

**WHAT HAPPENED/တၢ်မနုၤကဲထီၣ်အသးလဲၣ်.**

11. Why do you (or the other person listed at #3) need an OFP?

ဘၣ်မနုၤအဃိလၢနုၤ (မ့တမ့ၢ် ပုၤအဂၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ်အီၤဖဲ #3) လိာ်ဘၣ် OFP လဲၣ်.

Describe the domestic abuse by answering the questions below. If there are several dates, start with the most recent incident, and use the *Description of Abuse Attachment* to describe what happened on the other dates.

ဟံၣ်ဖျါထီၣ်ဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိၣ်တကး ဒီဖျါစံးဆၢတၢ်သံကွၢ်တဖၣ်လၢလၢန့ၣ်တက့ၢ်. မုၢ်နံၤမုၢ်သီမ့ၢ်အိၣ်တဘျုးသီန့ၣ်, စးထီၣ်တၢ်လၢအမၤအသးဖဲတယံာ်ဘၣ်, ဒီးစူးကါ တၢ်စုဆူၣ်ခိၣ်တကးအီၤပညီတၢ်ဘျးစဲလၢကဟံၣ်ဖျါထီၣ်တၢ်မနုၤကဲထီၣ်အသးဖဲ မုၢ်နံၤအဂၤလဲၣ်န့ၣ်တက့ၢ်.

**Most Recent Incident/တၢ်မၤအသးဖဲတယံာ်ဒီးဘၣ်**

Date of most recent domestic abuse

ဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိၣ်တကးဖဲတယံာ်ဘၣ်အမုၢ်နံၤ \_\_\_\_\_

Who was there/မတၢ်အိၣ်ဖဲန့ၣ်လဲၣ် \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**.

ဟံၣ်ဖျါထီၣ်ပှၢတူၢ်ကိၣ် **မၤပျံၤမၤဖုး မ့တမ့ၢ် မၤဘၣ်ဒိခါ** နၢ (မ့တမ့ၢ် ပှၢအဂၢၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ် အမံၤဖဲ #3), မ့တမ့ၢ် ကမၤပျံၤမၤဖုးနၢ မ့တမ့ၢ် ပှၢအဂၢၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3) **န့ၣ်လီၤ**.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Weapons/တၢ်စုကဝဲၤတဖၣ်**

Describe any use (or threatened use) of guns or other weapons.

ဟံၣ်ဖျါထီၣ် တၢ်စုးကါ (မ့တမ့ၢ် စုးကါလၢကမၤပျံၤမၤဖုးတၢ်) ကျိ မ့တမ့ၢ် တၢ်စုကဝဲၤအဂၢၤတမံၤလၢလၢါ.

\_\_\_\_\_

Injuries/တၢ်ဘၣ်ဒိဘၣ်ထံး

Was anyone injured/ပုၤဘၣ်ဒိဘၣ်ထံးတၢ်ဂၤဂၤၤ.  Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံးကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If Yes, answer these questions/မ့ၢ်စံးဆၢ မ့ၢ်န့ၣ်, စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ-

Describe the injuries/ဟံးဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်- \_\_\_\_\_

Was medical treatment received/ဒီးန့ၢ်ဘၣ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါၤ.

Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံးကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If Yes, answer these questions about medical treatment:

မ့ၢ်စံးဆၢ မ့ၢ်န့ၣ်, စံးဆၢတၢ်သံကွၢ်တဖၣ်လၢအဘၣ်ဃးဒီးကသံၣ်ကသီတၢ်ကူစါယါဘျါ-

Who received medical treatment?

မတၤမၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလဲၣ်. \_\_\_\_\_

When and where was medical treatment received?

တၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလၢတၢ်လီၢ်ဖဲလဲၣ်. \_\_\_\_\_

**911 or Emergency Call/911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ**

During the incident, did Respondent interfere with a 911 or emergency call?  
ဖဲတၢ်မၤအသးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကိၣ်န့ၢ်လီၤမၤတံာ်တၢ် 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.

Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, describe the interference/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၢ်**, ဟံၣ်ဖျါထီၣ်တၢ်န့ၢ်လီၤမၤတံာ်တၢ်-

---

---

**Law Enforcement/ပၤကီၢ်ပုၤဘၣ်မ့ၢ်ဘၣ်ဒါ**

Did the police or sheriff come/မ့ၢ်ပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, list the date, and describe what happened when the police or sheriff came:  
မ့ၢ်စံးဆၢ **မ့ၢ်**, ဟံၣ်ဖျါထီၣ်မ့ၢ်န့ၢ်, ဒီးဟံၣ်ဖျါတၢ်မနုၤမၤအသးဖဲပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲအခါ  
လဲၣ်-

---

---

12. Besides the recent incidents, if you want the court to know about any **history of abuse** by Respondent, you may briefly explain that history here:

လၢတၢ်မၤအသးဖဲတယံာ်ဒီးဘၣ်အယၤ, နမ့ၢ်အဲၣ်ဒီးလၢကိၣ်ဘျီၣ်ကသ့ၣ်ညါဘၣ်ဃးဒီး **တၢ်စုဆူၣ်ခိၣ်**  
**တကးတမံၤလၢလၢ** ဘၣ်တၢ်မၤအီၤလၢပုၤတူၢ်ကိၣ်န့ၢ်, နရဲၣ်ပုၤတၢ်စံးစိဖျါကိာ်ဖဲအံၤသ့- \_\_\_\_\_

---

---

13. Do you believe that the domestic abuse will continue and that you (or others named at #3) are in immediate danger?

မ့ၢ်န့ၢ်လၢဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခိၣ်ကးကဆဲးမၤအသးဒီးနၤ (မ့ၢ်တမ့ၢ် ပုၤအဂၤဖဲတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ#3)

အိၣ်လၢတၢ်လီၤဘၣ်ယိၣ်သတူၢ်ကလၢအပူၤခါ.

Yes/မ့ၢ်  No/တမ့ၢ်

Explain why or why not/ရှဲပုးဘၣ်မနုၤအယိလဲၣ် မ့ၢ်တမ့ၢ် ဘၣ်မနုၤအယိတမ့ၢ်လဲၣ်- \_\_\_\_\_

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

14. Does Respondent work or attend school at the same place as you (or others listed in #3)?

မ့ၢ်ပုၤတူၢ်ကိာ်မၤတၢ် မ့ၢ်တမ့ၢ် ထီၣ်ကိာ် ဖဲတၢ်လီၢ်တတီၤဃီဖဲနၤ (မ့ၢ်တမ့ၢ် ပုၤအဂၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အီၤဖဲ #3)

အပူၤခါ.

Yes/မ့ၢ်  No/တမ့ၢ်

If Yes, explain/မ့ၢ်စံးဆၢ မ့ၢ်န့ၢ်, တဲၣ်ပၢ်- \_\_\_\_\_

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

**REQUESTS FOR RELIEF/တၢ်ဃုထီၣ်လၢတၢ်မၤစၢၤအဂီၢ်**

You can ask the court for several types of “relief” (things you can ask the court to order) in an OFP. The first section below (#15 a-j) includes relief that does not require a hearing.

န့ၢ်ဃုထီၣ်ကိာ်ဘျီၣ်လၢ "တၢ်မၤစၢၤ" တဘျုးကလုာ်အဂီၢ်သ့ (တၢ်လၢန့ၢ်ဃုထီၣ်ကိာ်ဘျီၣ်သ့လၢကဟ့ၣ်လီၤ တၢ်ကလုာ်လၢ) OFP အပူၤန့ၢ်လီၤ. တၢ်အကူာ်အခိၣ်ထံးလၢလၢာ် (#15 a-j) ပုၣ်ဃုာ်ဒီးတၢ်မၤစၢၤ လၢ တလိာ်တၢ်စံၣ်ညိာ်ဒိကန့ၢ်ဘၣ်န့ၢ်လီၤ.

The second section (#16 - #22) includes relief that the court cannot order unless there is a hearing first.

တၢ်အကူာ်ခံကူာ်တကူာ် (#16 - #22) ပာ်ယုာ်ဒီးတၢ်မၤစၢၤလၢကိာ်ဘျီၣ်ဟ့ၣ်လီၤတၢ်ကလုာ်တသ့မ့ၢ်လၢ တၢ်ကမၤ တၢ်စံာ်ညီၣ်ဒိကန့ၢ်လၢအဆိန့ၢ်လီၤ.

**Relief that does not require a hearing/တၢ်မၤစၢၤလၢတလိာ်ဘၣ်တၢ်စံာ်ညီၣ်ဒိကန့ၢ်**

I understand that asking for things in #15 (a) through (j) *does not* require a hearing to be held. ယန့ၢ်ပၢၢ်လၢတၢ်ယုာ်ထီၣ်တၢ်လၢ #15 (a) တုၤ (j) န့ၢ် တလိာ်တၢ်မၤတၢ်စံာ်ညီၣ်ဒိကန့ၢ်ဘၣ်.

I understand that if the court issues an Ex Parte Order (an order based only on your *Petition*), the judicial officer (judge or referee) *may* set a hearing and/or the Respondent *may* request a hearing. ယန့ၢ်ပၢၢ်လၢကိာ်ဘျီၣ်မ့ၢ်ထုးထီၣ်ဟ့ၣ်လီၤပုၤအဂၤတကပၤ (Ex Parte) တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ် (တၢ်ဟ့ၣ် လီၤ တၢ်ကလုာ်ဒီးသန့ၤထီၣ်အသးထဲလၢန တၢ်ပတံသကွၢ်ကညးအဖီခိာ်), တၢ်စံာ်ညီၣ်ပီတုၤဂီၢ်ခိာ် (စံာ်ညီၣ်ကိာ် မ့တမ့ၢ် စံာ်ညီၣ်ကိာ်) က ရဲၣ်ကျဲၤဟံၤလီၤတၢ်စံာ်ညီၣ်ဒိကန့ၢ် ဒီး/မ့တမ့ၢ် ပုၤတူၢ်ကိာ် က ယု ထီၣ်တၢ်စံာ်ညီၣ် ဒိကန့ၢ်န့ၢ်လီၤ.

I understand that if the court does not issue an Ex Parte Order, the judicial officer may either dismiss the matter or set a hearing, *unless you do not want a hearing*. ယန့ၢ်ပၢၢ်လၢကိာ်ဘျီၣ်မ့ၢ်တထုးထီၣ်ဟ့ၣ်လီၤပုၤအဂၤတကပၤ (Ex Parte) တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်ဘၣ်န့ၢ်, တၢ်စံာ်ညီၣ်ပီတုၤဂီၢ်ခိာ် ကထုးကွံာ်တၢ်ဂ့ၢ်တၢ်ပီၢ်အံၤ မ့တမ့ၢ် ရဲၣ်ကျဲၤဟံၤလီၤတၢ်စံာ်ညီၣ်ဒိကန့ၢ်, မ့တမ့ၢ်ဘၣ်လၢနအဲၣ်ဒီးတၢ်စံာ်ညီၣ်ဒိကန့ၢ်တစုန့ၢ်လီၤ.

If the court does not issue an Ex Parte Order ကိာ်ဘျီၣ်မ့ၢ်တထုးထီၣ်ဟ့ၣ်လီၤ ပုၤအဂၤတကပၤ (Ex Parte) တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်-

- I want a hearing/ယအဲၣ်ဒီးတၢ်စံာ်ညီၣ်ဒိကန့ၢ်လီၤ.
- I do not want a hearing; I understand there will be no Order issued, and this case will be closed. ယတအဲၣ်ဒီးတၢ်စံာ်ညီၣ်ဒိကန့ၢ်ဘၣ်, ယန့ၢ်ပၢၢ်လၢ တၢ်တထုးထီၣ်ဟ့ၣ်လီၤတၢ်ကလုာ်ဘၣ်, ဒီးတၢ်ကကးတံာ်ကွံာ်တၢ်ဂ့ၢ်အံၤန့ၢ်လီၤ.

Based on this *Petition*, I ask the court for the following:

လၢ တၢ်ပတံသကိာ်ကညးတၢ်အံၤအစီၣ်ခိၣ်, ယဃုထီၣ်ကိာ်ဘျီၣ်ဒီးတၢ်လၢလၢာ်တဖၣ်အံၤ-

15. I ask the court to issue an Ex Parte Order for Protection to protect all persons listed at #3, and to order the things I check below in (a) through (j):

ယဃုထီၣ်ကိာ်ဘျီၣ်လၢကဟ့ၣ်လီၤပုၤအဂၤတကပၤ (Ex Parte) တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒီသဒါအဂီၢ် လၢကဒီသဒါပုၤခဲလၢာ်ဘၣ်တၢ်ဟံၣ်ဖျါထီၣ်အီၤဖဲ #3, ဒီးလၢကဟ့ၣ်လီၤတၢ်ကလုာ်လၢယမၤနီၣ်လီၤ ဖဲလၢာ် (a) တုၤ (j) အပူၤ-

a.  Order Respondent not to physically harm the protected persons, or cause the protected persons to fear immediate physical harm.  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပူၤတူၢ်ကိာ်လၢတဘၣ်မၤဘၣ်ဒီဆါပုၤလၢတၢ်ဒီသဒါအီၤတဖၣ်အနီၢ်ခိၣ်ပုၤဘၣ်, မ့တမ့ၢ် မၤပျံၤမၤဖုးပုၤလၢတၢ်ဒီသဒါအီၤတဖၣ်လၢကမၤဘၣ်ဒီဆါ အနီၢ်ခိၣ်ပုၤ သတူၢ်ကလၢန့ၣ်လီၤ.

b.  Order Respondent to have no contact with the protected person(s) whether in person, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပူၤတူၢ်ကိာ်လၢတဘၣ်ဆဲးကျိးဒီးပုၤလၢတၢ်ဒီသဒါအီၤတဖၣ်လၢနီၢ်ကစၢ်အပူၤ, ခိဖျါလီတဲစိ, ဆုၤလၢာ်ပရၢ, အံမ့(လ), ခိဖျါအံၣ်လဲးထီၣ်နံးပီးလီတဖၣ်, ပုၤဂ့ၢ်ဝီကမျါတၢ်ကစီၣ်, ခိဖျါပုၤသၢဖုတဖု, မ့တမ့ၢ် ခိဖျါလဲကျဲအဂၤတဘိလၢလၢ, ပူၤကိာ်ဒီလၢလၢာ်အသိး-

---

---

c. Order Respondent to stay away from/ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပူၤတူၢ်ကိာ်အအိၣ်လၢကအိၣ်ယံၤဒီး-

i.  My home or the home that Respondent and I share.  
ယဟံၣ် မ့တမ့ၢ် ဟံၣ်လၢပုၤတူၢ်ကိာ်ဒီးယၤနီၤအိၣ်သကိး.

My address is confidential (use OFP107),  
ယလီၢ်အိၣ်ဆိးထံးနီၣ်ဂံၢ်န့ၣ်မ့ၢ်တၢ်ခူသ့ၣ်လီၤ (စူးကါ OFP107),

OR/မ့တမ့ၢ်



**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲကလံးကျိာ်လီၤ**

My home address is/ယဟံၣ်လိာ်အိၣ်ဆိးထံးမ့ၢ်ဝဲ- \_\_\_\_\_

City/ဝုၢ်, \_\_\_\_\_ State/ကီၢ်စဲၣ်, \_\_\_\_\_ Zip/စံး(ပ)နီၣ်ဂံၢ်- \_\_\_\_\_

A reasonable area surrounding my home, specifically as follows:  
လိာ်ကဝီၤလၢအကြးဝဲဘၣ်ဝဲလၢယဟံၣ်အကဟိာ်ကပၤ, လီၤတံၢ်လီၤဆဲးဒ်လၢလၢာ်အသိး- \_

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

Except as follows/ပူၤကိာ်ဒီလၢလၢာ်အသိး- \_\_\_\_\_

ii.  The home of/ဟံၣ် \_\_\_\_\_

[protected persons]/[ပုၤလၢတၢ်ဒီသဒါအီၤတဖၣ်].

The address is confidential OR/လိာ်အိၣ်ဆိးထံးန့ၣ်မ့ၢ်တၢ်ခူညူၣ် မ့တမ့ၢ်

The home address at/ဟံၣ်လိာ်အိၣ်ဆိးထံးနီၣ်ဂံၢ်မ့ၢ်ဝဲ- \_\_\_\_\_

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

A reasonable area surrounding this home, specifically as follows:  
လိာ်ကဝီၤလၢအကြးဝဲဘၣ်ဝဲလၢယဟံၣ်အကဟိာ်ကပၤ, လီၤတံၢ်လီၤဆဲးဒ်လၢလၢာ်အသိး- \_

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

Except as follows/ပူၤကိာ်ဒီလၢလၢာ်အသိး- \_\_\_\_\_

d.  Order Respondent not to call or enter the workplace of (check all that apply):

ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတၢ်ကိာ်အိၣ်လၢတကိး မ့တမ့ၢ် န့ၣ်လီၤဆူတၢ်မၤလီၢ်

(မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်)-

Petitioner/ပုၤပတံသကိာ်ကညးတၢ်,

လံာ်ကိၣ်ဒိအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲကလံးကျိၣ်လီၤ

\_\_\_\_\_

including all land, parking lots and buildings at:

ပၣ်ဃုာ်ဒီးဟီၣ်ခိၣ်လီၤကဝီၤ, တၢ်ပတုာ်သိလ့ၣ်လီၤတဖၣ်ဒီးတၢ်ညုာ်ထီၣ်ခဲလၢကဲ-

Employer Name/တၢ်မၤကစၢ်အမံၤ- \_\_\_\_\_

Address/လီၤအိၣ်ဆိးထံး- \_\_\_\_\_

Street, City, State/ကျဲနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows/ပူၤကိၣ်ဒိလၢလၢအသိး- \_\_\_\_\_

Is there another workplace/တၢ်မၤလီၤ အဂၢၢ်အိၣ်တတီၤတီၤဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If Yes/မ့ၢ်စံးဆါ မ့ၢ်န့ၣ်-

Employer Name/တၢ်မၤကစၢ်အမံၤ- \_\_\_\_\_

Address/လီၤအိၣ်ဆိးထံး- \_\_\_\_\_

Street, City, State/ကျဲနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows/ပူၤကိၣ်ဒိလၢလၢအသိး- \_\_\_\_\_

If there are more than 2 workplaces, add another sheet of paper.

တၢ်မၤလီၤမ့ၢ်အိၣ်အါန့ၣ် 2 တီၤန့ၣ်, ထၢန့ၣ်အါထီၣ်လံာ်က့အဂၢၢ်တဘျီတက့ၢ်.

e.  Order Respondent not to enter another non-work location:

တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပူၤတူၢ်ကိၣ်ဒိအိၣ်လၢတန့ၣ်ဆူတၢ်လီၤတၢ်ကျဲလၢတမ့ၢ်တၢ်မၤလီၤအ  
ဂၢၢ်တတီၤ- \_\_\_\_\_ at/ဖဲ

Address/လီၤအိၣ်ဆိးထံး- \_\_\_\_\_

Street, City, State/ကျဲနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows/ပူၤကိၣ်ဒိလၢလၢအသိး- \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီးအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

Is there another non-work location?  Yes/မ့ၢ်  No/တမ့ၢ်

တၢ်လီၢ်တၢ်ကျဲၤလၢတမ့ၢ်တၢ်မၤလီၢ်အဂၢၤအိၣ်တတီၤတီၤဒါ.

If Yes/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**-

Name/မံၤ- \_\_\_\_\_

Address/လီၢ်အိၣ်ဆိးထံး- \_\_\_\_\_

Street, City, State/ကျဲၤနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows/ပူၤကိာ်ဒီးလၢလၢာ်အသိး- \_\_\_\_\_

If there are more than 2 non-work locations, add another sheet of paper.

တၢ်လီၢ်တၢ်ကျဲၤလၢတမ့ၢ်တၢ်မၤလီၢ်မ့ၢ်အိၣ်အါန့ၣ် 2 တီၤန့ၣ်, ထၢန့ၣ်အါထီၣ်လံာ်က့ၤအဂၢၤတဘျီတက့ၢ်.

f.  Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပူၤတူၢ်ကိာ်ဒီးအိၣ်လၢကဆဲးမၤတၢ်ကျၢၢ်ဘၢမၤစၢၤတၢ်အုၣ်ကီၤလၢအမၤန့ၢ်  
ဝဲသ့ခဲလၢကတီၤအံၤလၢတအိၣ်ဒီးတၢ်ဆီတလဲလၢတၢ်ကျၢၢ်ဘၢမၤစၢၤ မ့တမ့ၢ် ပူၤန့ၢ်သါဘၣ်တၢ်  
တဖၣ်အပူၤန့ၣ်လီၤ.

g.  Order the possession and care of a pet or companion animal as follows:

ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်အိၣ်ဒီးတၢ်စုၤလီၢ်ခိၣ်ခိၣ်ဒီးတၢ်ကွၢ်ထွဲထွဲၣ်ဖိသၣ်မံၤယီၤဖိ မ့တမ့ၢ်  
ဆၣ်ဖိကီၢ်ဖိလၢအကဲန့ၢ်တံၤသကိးဒ်လၢလၢာ်အသိး-

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

လိာ်ကိာ်ဒိအံာ်တၢ်ကဘၣ်မၤပဲာ်အီၤလၢအဲကလံးကျိာ်လီၤ

h.  Order Respondent not to physically abuse or injure any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.

ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကိာ်အအိၣ်လၢတမၤဆူးမၤဆါ မ့တမ့ၢ် မၤဘၣ်ဒိဘၣ်ထံး ထံၣ်ဖိသၢ် မံယီၤဖိ မ့တမ့ၢ် ဆၢ်ဖိကိာ်ဖိလၢအကဲတံၤသကိးတဖၣ်, လၢတအိၣ်ဒီးတၢ်စံာ်ညီၣ်တၢ်ဖိးသဲစး, သ့ၣ်ညါလၢအိၣ်ဒီး, ပၤဘၣ်, ပၤယၢ်, မ့တမ့ၢ် ဘၣ်တၢ်ပၤဆုၤရဲၣ်ကျဲၤ အီၤလၢပုၤ မ့တမ့ၢ် ပုၤဖိသၢ် လၢအအိၣ်လၢပုၤတခီတပၤဂ့ၤအတၢ်အိၣ်တၢ်ဆိးလီၢ် မ့တမ့ၢ် ဟံာ်ဃီအပူၤ လၢတမ့ၢ်လီၤလီၤလၢ အိၣ်ဒီးတၢ်ဟံာ်လီၤသးလၢကမၤပျံၤမၤဖုးပုၤတဖၣ်အံၤအတၢ်ပူၤဖျဲးန့ၣ်လီၤ.

i.  Direct local law enforcement to provide the following assistance:  
န့ၣ်လီၤလီၢ်ကဝီၤပၤကိာ်လၢကဟ့ၣ်လီၤတၢ်တိစၢၤမၤစၢၤပိာ်ထွဲထီၣ်လၢလၢတဖၣ်- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j.  Other/အဂၤ- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Relief that requires a hearing/တၢ်မၤစၢၤလၢအလိာ်ဘၣ်တၢ်စံာ်ညီၣ်ဒိကန့ၣ်**

In addition to what you asked for in #15, you may ask the court to order any of the relief listed below in #16 through #22. NOTE: **a hearing must be held** if you ask for anything listed below:  
ဒ်န့ၣ်အသိးတၢ်လၢနယုထီၣ်အီၤလၢ #15 အပူၤစ့ၢ်ကိး, နယုထီၣ်ကိာ်ဘျီၣ်လၢကဟ့ၣ်လီၤတၢ်ကလုာ်လၢ တၢ်မၤစၢၤ တမံလၢလၢတၢ်ကွဲးဟံာ်ဖျါထီၣ်အီၤလၢလၢ #16 တုၤ #22 သ့န့ၣ်လီၤ. တိာ်နီၣ်-  
**တၢ်ကဘၣ်ရဲၣ်ကျဲၤတၢ်စံာ်ညီၣ်ဒိကန့ၣ်** ဖဲနမ့ၢ်နယုထီၣ် တၢ်တမံလၢလၢလၢ-

**Temporary Custody and Parenting Time**  
**တစိၢ်တလီၢ်တၢ်ကွၢ်ထွဲဒီး တၢ်အံးထွဲကွၢ်ထွဲ အဆၢကတီၢ်န့ၣ်လီၤ**

16. Do you want **temporary custody or parenting time** ordered for joint minor children?  
မ့ၢ်န့ၣ်ဒီး **တစိၢ်တလီၢ်တၢ်ကွၢ်ထွဲဒီးတၢ်အံးထွဲကွၢ်ထွဲအဆၢကတီၢ်** ဟ့ၣ်လီၤတၢ်ကလုာ်လၢဖိသၣ်ဆံး  
လၢသုကွၢ်ထွဲအီၤတပူၤဃီတဖၣ်အဂီၢ်ခါ.

Yes/မ့ၢ်  No/တမ့ၢ် (if **No**, skip to #17)/(မ့ၢ်စံးဆၢ **တမ့ၢ်**, ဒီကဟ်ဆူ #17)

If **Yes**/မ့ၢ်စံးဆၢ **မ့ၢ်**:

I ask for temporary custody of the joint minor children:  
ယဃုထီၣ်တစိၢ်တလီၢ်တၢ်ကွၢ်ထွဲဘၣ်ဃးဒီးပုၤဖိသၣ်ဖိလၢကွၢ်ထွဲသကိးတပူၤဃီအဂီၢ်-



I ask the court to order parenting time for the Respondent as follows: (Check all that apply)  
ယဃုထီၣ်ကိၣ်ဘျီၣ်လၢကဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်အံးထွဲကွၢ်ထွဲအဆၢကတီၢ်လၢပုၤတူၢ်ကိၣ်အဂီၢ်ဒ်  
လၢလၢာ်အသိး- (မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်)

Unsupervised parenting time for the Respondent at the following days/times:  
တၢ်အံးထွဲကွၢ်ထွဲတၢ်ဆၢကတီၢ်လၢတအိၣ်ဒီးတၢ်ပၤဆုၤအံးထွဲကွၢ်ထွဲလၢပုၤတူၢ်ကိၣ်အဂီၢ်  
မ့ၢ်မုၢ်န့ၣ်/တၢ်ဆၢကတီၢ်ဒ်လၢလၢာ်အသိး-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR/မ့ၢ်တမ့ၢ်**

No parenting time for the Respondent because:  
တအိၣ်ဒီးတၢ်အံးထွဲကွၢ်ထွဲအဆၢကတီၢ်လၢပုၤတူၢ်ကိၣ်အဂီၢ် မ့ၢ်လၢ- \_\_\_\_\_

\_\_\_\_\_

OR/မ့တမ့ၢ်

Supervised parenting time for the Respondent because:

တၢ်အံးထွဲကွၢ်ထွဲတၢ်ဆၢကတီၢ်လၢအိၣ်ဒီးတၢ်ပၤဆုၤအံးထွဲကွၢ်ထွဲလၢပုၤတူၢ်ကိာ်အဂီၢ်မ့ၢ်  
လၢ- \_\_\_\_\_

\_\_\_\_\_

with supervision as follows/ဃုာ်ဒီးတၢ်ပၤဆုၤရဲၣ်ကျဲၤဒ်လၢ လာ်အသိး-

at a safety center or appropriate facility, if available.  
ဖဲစဲထၢာ်လၢအပူၤဖျဲး မ့တမ့ၢ် တၢ်သ့ၣ်ထီၣ်လၢအကြးဝဲဘၣ်ဝဲ, မ့ၢ်အိၣ်.

supervised by a relative, friend, or other third party.  
အံးထွဲကွၢ်ထွဲလၢဘူးတံၢ်, တံၤသကိး, မ့တမ့ၢ် ပုၤသၢဂၤတဂၤ.

Any parenting time the Respondent has should have the following conditions:  
တၢ်အံးထွဲကွၢ်ထွဲအဆၢကတီၢ်တဘျီလၢလၢပုၤတူၢ်ကိာ်မၤန့ၢ်ဝဲန့ၢ် ကြးအိၣ်ဒီး  
တၢ်အိၣ်သးလၢလာ်တဖၣ်အံၤ-

\_\_\_\_\_

\_\_\_\_\_

If the court orders parenting time, we should exchange the children at:  
ကိာ်ဘျီၣ်မ့ၢ်ဟ့ၣ်လီၤတၢ်အံးထွဲကွၢ်ထွဲအဆၢကတီၢ်န့ၢ်, ပကြးခီလဲလိာ်ပုၤဖိသၣ်ဖဲ-

\_\_\_\_\_

Other/အဂၤ- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Support/ကျိာ်စ့ဂ့ၢ်ဝီတၢ်ဆိာ်ထွဲမၤစၢၤ.**

17. Do you want the court to order Respondent to financially support you or the joint children?  
မ့ၢ်န့ၢ်ဒီးကျိာ်ဘျီၣ်ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကျိာ်အအိာ်လၢကဆိာ်ထွဲမၤစၢၤန့ၢ် မ့တမ့ၢ် ဖိသၢ်လၢ  
အိာ်လၢတၢ်ကွၢ်ထွဲသကိးတပူၤဃီလၢကျိာ်စ့ဂ့ၢ်ဝီတကပၤဒါ.

Yes/မ့ၢ်  No/တမ့ၢ် (if No, skip to #18)/(မ့ၢ်စံးဆၢ **တမ့ၢ်**, ဒီကဟ်ဆူ #18)

If Yes/မ့ၢ်စံးဆၢ **မ့ၢ်**-

Order Respondent to provide support in the following way(s) (check all that apply):  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကျိာ်အအိာ်လၢကဟ့ၣ်လီၤတၢ်ဆိာ်ထွဲမၤစၢၤလၢကျိာ်ပိာ်ထွဲလၢလၢာ်(တဖၣ်)  
အပူၤ (မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်)-

Order Respondent to pay a reasonable amount of money for the support of our joint  
minor children.  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကျိာ်အအိာ်လၢကဟ့ၣ်ကျိာ်စ့တလိာ်လၢအကြးဝဲဘၣ်ဝဲလၢတၢ်  
ဆိာ်ထွဲပပုၤဖိသၢ်ဆံးလၢအိာ်လၢတၢ်ကွၢ်ထွဲသကိးတပူၤဃီအဂီၢ်န့ၢ်လီၤ.

Order Respondent to pay a reasonable amount of  
money to me for my living expenses.

NOTE: You must be married to the Respondent to get spousal support for your living expenses.  
တီၢ်နီၣ်-  
နကဘၣ်ဖျီနသးဒီးပုၤတူၢ်ကျိာ်လၢကမၤန့ၢ်မၤ  
ဝၤတၢ်ဆိာ်ထွဲလၢနတၢ်အိာ်တၢ်ဆိးတၢ်  
လၢာ်ဘျီလၢစ့တဖၣ်အဂီၢ်န့ၢ်လီၤ.

ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကျိာ်အအိာ်လၢကဟ့ၣ်ကျိာ်စ့တလိာ်လၢအကြးဝဲဘၣ်ဝဲဆူယအိာ်  
လၢယတၢ်အိာ်တၢ်ဆိးတၢ်လၢာ်ဘျီလၢစ့တဖၣ်အဂီၢ်န့ၢ်လီၤ.

Order Respondent to provide medical support and/or health insurance.  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကျိာ်အအိာ်လၢကဟ့ၣ်ကသံၣ်ကသီတၢ်ဆိာ်ထွဲ ဒီး/မ့တမ့ၢ်  
တၢ်အိာ်ဆူၣ်အိာ်ချ့တၢ်အုၣ်ကီၤတဖၣ်န့ၢ်လီၤ.

If asking for any financial support from Respondent, fill out the following sections:  
မ့ၢ်ဃုာ်ထီၣ်ကျိာ်စ့တၢ်ဆိၣ်ထွဲတမံၤလၢလၢပုၤတူၢ်ကိဉ်အအိၣ်န့ၣ်, မၤပုၤတၢ်အကူၢ်လၢလၢတဖၣ်-

**17a. Your Income and Expenses/နတၢ်ဟဲန့ၣ်ဒီးတၢ်လၢာ်ဘျုးလၢာ်စ့တဖၣ်-**

Income/တၢ်ဟဲန့ၣ်- \$ \_\_\_\_\_/month from/စးထီၣ်လၢလၢာ်  
\_\_\_\_\_ (source)/(တၢ်ဟဲန့ၣ်အကျဲ)

My monthly expenses/ယတလါတဘျီတၢ်လၢာ်ဘျုးလၢာ်စ့တဖၣ် = \$ \_\_\_\_\_,  
including \$/ပၣ်ဃုာ်ဒီး \$ \_\_\_\_\_ for our joint minor  
child/ပဖိသၣ်ဆံးလၢအိၣ်လၢတၢ်ကွၢ်ထွဲသကိးတပူၤဃီအဖီလၢအဂီၢ်န့ၣ်လီၤ.

**17b. Respondent's Income/ပုၤတူၢ်ကိဉ်အတၢ်ဟဲန့ၣ်**

Respondent's income is \$/ပုၤတူၢ်ကိဉ်အတၢ်ဟဲန့ၣ်မ့ၢ်ဝဲ \$ \_\_\_\_\_/month  
from/စးထီၣ်လၢလၢာ် \_\_\_\_\_ (source)/(တၢ်ဟဲန့ၣ်အကျဲ)

OR/မ့တမ့ၢ်  unknown/တသ့ၣ်ညါ.

**17c. Respondent's Employment/ပုၤတူၢ်ကိဉ်အတၢ်ဖိးတၢ်မၤ**

Respondent is/ပုၤတူၢ်ကိဉ်န့ၣ်-

Employed. The name and address of Respondent's employer is:  
အတၢ်မၤအိၣ်. ပုၤတူၢ်ကိဉ်အတၢ်မၤကစၢ်အမံၤဒီးလီၢ်အိၣ်ဆိးထံးနီၣ်ဂံၢ်မ့ၢ်ဝဲ- \_\_\_\_\_  
\_\_\_\_\_

Does Respondent have more than one job?  Yes/မ့ၢ်  No/တမ့ၢ်  
ပုၤတူၢ်ကိဉ်အတၢ်မၤအိၣ်အါန့ၣ်တခါခါ.



If **Yes**, list the names and address of Respondent's other employers here:

မ့ၢ်စံးဆၢ မ့ၢ်, ဟံၤဖျါထီၣ်ပုၤတူၢ်ကီုဒ်အတၢ်မၤကစၢ်အဂၤအမံၤ

ဒီးလီၤအိၣ်ဆိးထံးနီၣ်ဂံၢ်တဖၣ်ဖဲအံၤ-

---

---

---

Unemployed/တၢ်မၤတအိၣ်.

Unknown/တသ့ၣ်ညါ.

**17d. Childcare Costs/ဖိသၣ်တၢ်ကွၢ်ထွဲအပူၤတဖၣ်**

I have child care costs for the joint child of  
\$/ယအိၣ်ဒီးဖိသၣ်တၢ်ကွၢ်ထွဲအပူၤလၢပုၤဖိသၣ်လၢအိၣ်လၢတၢ်ကွၢ်ထွဲသကိးတပူၤယီအဂီၢ်  
\$ \_\_\_\_\_/month because of work or school/လါ မ့ၢ်လၢတၢ်မၤ  
မ့တမ့ၢ် ကိုအယိန့ၣ်လီၤ.

OR/မ့တမ့ၢ်

I do not have child care costs because of work or school.  
ယတအိၣ်ဒီးဖိသၣ်တၢ်ကွၢ်ထွဲအပူၤမ့ၢ်လၢတၢ်မၤ မ့တမ့ၢ် ကိုအယိလီၤ.

**17e. Health Insurance/တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်အုၣ်ကီၤ**

Health insurance for/တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်အုၣ်ကီၤလၢ

me/ယဂီၢ်  joint children/ပုၤဖိသၣ်လၢအိၣ်လၢတၢ်ကွၢ်ထွဲသကိးတပူၤယီအဖီလၢ

is through the following (check all that apply)/မ့ၢ်ဝဲဒီဖျိဒ်လၢလၢအသိး

(မၤနီၣ်လီၤတၢ်လၢအဘၣ်ထွဲခဲလၢာ်)-

Your employer/နတၢ်မၤကစၢ်

- Respondent's employer/ပုၤတူၢ်ကိစ္စအတၢ်မၤကစၢ်
- Minnesota Care/မံၣ်နံၣ်စိထံၣ်တၢ်ကွၢ်ထွဲ (Minnesota Care)
- Private insurance you purchase/နီၢ်တၢ်တၢ်အုၣ်ကီၤလၢနပုၤ
- Private insurance Respondent purchases/နီၢ်တၢ်တၢ်အုၣ်ကီၤလၢပုၤတူၢ်ကိစ္စပုၤ
- No health insurance/တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်အုၣ်ကီၤတအိၣ်
- Other/အဂၤ- \_\_\_\_\_

**17f. Other Information/တၢ်ဂ့ၢ်တၢ်ကျိၢ်အဂၤ-**

Other reasons I need financial support from Respondent:  
တၢ်ဂ့ၢ်အဂၤလၢယလိာ်ဘၣ်ကျိာ်စ့တၢ်ဆိၣ်ထွဲလၢပုၤတူၢ်ကိစ္စအအိၣ်- \_\_\_\_\_

**Property/တၢ်စုလီၢ်ခိၣ်ခိၣ်.**

- 18.  Award me temporary use and possession of personal property (describe the property):  
ဟ့ၣ်ယၤတစိာ်တလီၢ်လၢယကစူးကါဒီးပၤဘၣ်နီၢ်ကစၢ်တၢ်စုလီၢ်ခိၣ်ခိၣ် (ဟံၤဖျါထီၣ်တၢ်စုလီၢ်ခိၣ်ခိၣ်)  
ခိၣ်)- \_\_\_\_\_
- Order Respondent not to dispose of or destroy the following property:  
ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကိစ္စအအိၣ်လၢတတၢ်ကွၢ် မ့တမ့ၢ် မၤဟးဂီၤ တၢ်စုလီၢ်ခိၣ်ခိၣ်လၢလၢာ်  
တဖၣ်)- \_\_\_\_\_

**Restitution/တၢ်ဟ့ၣ်စ့အိၣ်လိး**

19. Choose one/ဃုထၢတခါ-

If asking for restitution, bring receipts or other proof of the expenses to the court hearing.  
နမ့ၢ်ဃုထီၣ်စ့အိၣ်လိးန့ၣ်,  
ဟဲစိာ်လံာ်တူၢ်လီၢ်စ့တဖၣ် မ့တမ့ၢ် တၢ်လၢာ်ဘူၣ်  
လၢာ်စ့ၤ တၢ်အုၣ်သးအဂၤတဖၣ်ဆူ ကိစ္စဘျီၣ်  
တၢ်စံာ်ညီၣ်ဒိကန့ၣ်န့ၣ်တက့ၢ်.

I want the Respondent to pay me restitution  
of \$ \_\_\_\_\_/ယအဲဒ်ဒီးပုၤတူၢ်ကိာ်လၢကဟ့ၣ်ယၤစ့အိၣ်လိး\$ \_\_\_\_\_

(the amount of expenses I had because of the domestic abuse)  
(တၢ်လၢကဘၣ်လၢကစ့ၤဟံာ်ဖျိာ်လၢယအိၣ်တဖၣ်အဂီၢ် မ့ၢ်လၢဟံာ်ပုၤယီၤပုၤတၢ်စ့ဆူၣ်ခိၣ် တကးအဂီၢ်).

The following is a description of my expenses/  
တၢ်လၢကဘၣ်မ့ၢ်ဝဲယတၢ်လၢကဘၣ်လၢကစ့ၤတၢ်ဟံာ်ဖျိာ်တဖၣ်-

---

---

---

OR/မ့တမ့ၢ်

I am not asking for restitution/ယတယုထီၣ်စ့အိၣ်လိးဘၣ်.

**Counseling, Treatment, or Services**  
**တၢ်ဟ့ၣ်ကူၣ်တဲသကိးတၢ်, တၢ်ကူၣ်စါယါဘျါ, မ့တမ့ၢ် တၢ်မၤစၢၤတဖၣ်**

20. Do you want Respondent to attend counseling, treatment or other social services?  
မ့ၢ်န့အဲဒ်ဒီးပုၤတူၢ်ကိာ်ထီၣ် တၢ်ဟ့ၣ်ကူၣ်တဲသကိးတၢ်, တၢ်ကူၣ်စါယါဘျါ, မ့တမ့ၢ် ပုၤဂ့ၢ်ဝီတၢ်မၤစၢၤအဂၤ  
တဖၣ်ခါ.

Yes/မ့ၢ်  No/တမ့ၢ် (if **No**, skip to #21)/(မ့ၢ်စံးဆါ **တမ့ၢ်**, ခိကဟံဆူ #21)

If **Yes**/မ့ၢ်စံးဆါ **မ့ၢ်**-

Order Respondent to attend counseling, treatment, or other social services as follows:  
ဟ့ၣ်လီၤတၢ်ကလုာ်လၢပုၤတူၢ်ကိာ်ထီၣ် တၢ်ဟ့ၣ်ကူၣ်တဲသကိးတၢ်, တၢ်ကူၣ်စါယါဘျါ, မ့တမ့ၢ်  
ပုၤဂ့ၢ်ဝီတၢ်မၤစၢၤအဂၤတဖၣ်ဒ်လၢလၢအသိး-

- Domestic Abuse program/ဟံာ်ပုၤယီၤပုၤတၢ်စ့ဆူၣ်ခိၣ်တကးတၢ်တိာ်ကျဲၤ
- Alcohol/chemical dependency evaluation and follow recommended treatment

တၢ်သမံသမိးသံးဧၤကံဧၤ/တၢ်စဲသံးဧၤကံဧၤဒီးမၤပိာ်ထွဲတၢ်ကူစါယါဘျါလၢတၢ်ဟ့ၣ်  
ကူၣ်အီၤတဖၣ်

Mental health evaluation and follow recommended treatment  
တၢ်သမံသမိးခိၣ်န့ၣ်တၢ်အိၣ်ဆူၣ်အိၣ်ချ့ဒီးမၤပိာ်ထွဲတၢ်ကူစါယါဘျါလၢတၢ်ဟ့ၣ်ကူၣ်  
အီၤတဖၣ်

Other/အဂၤ\_\_\_\_\_

**Firearms and Ammunition**

21.  Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or  
ammunition.  
တြိပုၤတူၢ်ကိာ်ဖိလၢ တၢ်ဆုၤပနံၣ်လၢထံကျဲ, ဝံစိာ်တီဆုၤ, တၢ်ပၤဘၣ်တၢ်, မ့တမ့ၢ် တၢ်တူၢ်လိာ်ဒီးန့ၣ် ကျိတၢ်စု  
ကဲၤ မ့တမ့ၢ် ကျိချံၣ်သ့ၣ်တမံၤလၢလၢန့ၣ်လီၤ.

**Extended Time Frame for OFP/မၤအါထီၣ်တၢ်ဆၢကတီၢ်အတကိာ်လၢ OFP အဂီၢ်**

22.  Issue the OFP for a period up to 50 years because:  
ထူးထီၣ်ဟ့ၣ်လီၤ OFP လၢတၢ်ဆၢကတီၢ်ထီၣ်ဘးတုၤလၢ 50 နံၣ်မ့ၢ်လၢ-  
 Respondent has violated a prior or existing OFP on two or more occasions.  
ပုၤတူၢ်ကိာ်လုၢ်သ့ၣ်ခါပတၢ်တၢ်တချုး မ့တမ့ၢ် OFP အိၣ်လၢတၢ်မၤသးအကတီၢ်ခံၣ်ဘျီ  
မ့တမ့ၢ် အါန့ၣ်အန့ၣ်.  
 Petitioner/protected person has had two or more OFPs in effect against this  
Respondent.  
ပုၤပတံသကိာ်ကညးတၢ်/ပုၤလၢတၢ်ဒီသဒါအီၤတဖၣ်အိၣ်ဒီး OFPs ခံခါ မ့တမ့ၢ်  
အါန့ၣ်အန့ၣ်လၢတၢ်စူးကါအီၤသ့ၣ်လၢအထီၣ်ဒါပုၤတူၢ်ကိာ်န့ၣ်လီၤ.

23. Grant other relief at the time of the full hearing as the court finds necessary for the protection  
of a family or household member, including orders or directives to law enforcement agencies.

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒိအံၤတၢ်ကဘျံးမၤပုၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

တၢ်အုၣ်ကီၤတၢ်မၤစၢၤအဂၤဖဲတၢ်စံာ်ညိာ်ဒိကန့ၣ်ပုၤပုၤအဆၢကတီၢ် ဒ် ကိာ်ဘျီၣ်ယုထံာ်တၢ်လၢအလီၢ်  
အိၣ်တဖၣ်လၢတၢ်ဒိသဒၢဟံာ်ဖိဃီဖိ မ့တမ့ၢ် ပုၤဟံာ်ဖိတဖၣ်, ဃုာ်ဒီးတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်တဖၣ်  
မ့တမ့ၢ် တၢ်ဟ့ၣ်လီၤတၢ်န့ၣ်ကျဲတဖၣ်ဆူပၤကီၢ်ပုၤဘျံးမုၢ်ဘျံးဒါခါၣ်စးကရၢတဖၣ်အအိၣ်န့ၣ်လီၤ.

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

ယဘိးဘၣ်ရၢလီၤတၢ်မၤကမၣ်သဲစးဒိဖျိတၢ်အုၣ်သးကဘျံးကဘျံးလၢကီၢ်ဘျီၣ်အပူၤလၢတၢ်ကိးမံၤဒဲးလၢ  
ယတဲဖျါထီၣ်လၢလံာ်တီၤလံာ်မိအံၤ အပူၤန့ၣ် မ့ၢ်ဝဲတီၢ်ဒီးဘၣ်ဝဲန့ၣ်လီၤ. Minn. Stat. § 358.116.

Dated/ဆဲးလီၤမုၢ်နီၢ်- \_\_\_\_\_

Petitioner's Signature/ပုၤပတံသကိာ်ကညးတၢ် ဆဲးလီၤမံၤ

\_\_\_\_\_  
Name/မံၤ- \_\_\_\_\_

County and state where signed  
ကိာ်ရၢဒီးထံာ်ဒီးကိာ်စဲာ်တၢ်လီၢ်ဖဲဆဲးလီၤမံၤ

If you have asked to keep your address and/or phone number confidential, do not include it here (use OFP107 instead).  
နမ့ၢ်ဃုထီၣ်လၢတၢ်ကဟံာ်နလီၢ်အိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ်  
လီၤတဲစိနီၣ်ဂံၢ်လၢတၢ်ခူသ့ၣ်န့ၣ်, တဘျံးထၢန့ၣ်ဃုာ်ဖဲအံၤ (လၢအလီၢ်  
စူးကါ OFP107).

Address/လီၢ်အိၣ်ဆိးထံး- \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
ဝုၢ်/ကိာ်စဲာ်/စံး(ပ)နီၣ်ဂံၢ်-

Telephone/လီၤတဲစိ- \_\_\_\_\_

E-mail address: \_\_\_\_\_  
အံၤမ့(လ)နီၣ်ဂံၢ် -

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE  
တၢ်ဘျးစဲလၢတၢ်ဟံၣ်ဖျါထီၣ်ဘၣ်ဃးဒီးတၢ်စုဆူၣ်ခိၣ်တကးအါထီၣ်

**Additional Incident/တၢ်မၤအသးအါထီၣ်**

Date of incident/တၢ်မၤအသးအါထီၣ်န့ၣ်- \_\_\_\_\_

Who was there/မတၤအိၣ်ဖဲန့ၣ်လဲၣ်. \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

ဟံၣ်ဖျါထီၣ်ပုၤတူၢ်ကိာ် **မၤပျံၤမၤဖုး မ့တမ့ၢ် မၤဘၣ်ဒိခါ** န့ၣ် (မ့တမ့ၢ် ပုၤအဂၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ် အမံၤဖဲ #3), မ့တမ့ၢ် ကမၤပျံၤမၤဖုးန့ၣ် မ့တမ့ၢ် ပုၤအဂၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3) **န့ၣ်လိာ်**. \_\_\_\_\_

\_\_\_\_\_

**Weapons/တၢ်စုကဝဲၤတဖၣ်**

Describe any use (or threatened use) of guns or other weapons.

ဟံၣ်ဖျါထီၣ် တၢ်စုးကါ (မ့တမ့ၢ် စုးကါလၢကမၤပျံၤမၤဖုးတၢ်) ကျိ မ့တမ့ၢ် တၢ်စုကဝဲၤအဂၤတမံၤလၢလၢါ.

\_\_\_\_\_

**Injuries/တၢ်ဘၣ်ဒိဘၣ်ထံး**

Was anyone injured/ပုၤဘၣ်ဒိဘၣ်ထံးတဂၤဂၤါ.  Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွၢ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ-

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လံာ်ကိၵ်ဒိအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲၤကလံးကျိၣ်လီၤ**

Describe the injuries/ဟံၤဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်- \_\_\_\_\_

Was medical treatment received/ဒီးန့ၣ်ဘၣ်ကသံၣ်ကသီတၢ်ကူၤစါယါဘျါဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံၤကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions about medical treatment:

မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, စံးဆၢတၢ်သံကွၢ်တဖၣ်လၢအဘၣ်ဃးဒီးကသံၣ်ကသီတၢ်ကူၤစါယါဘျါ-

Who received medical treatment? \_\_\_\_\_

မတၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူၤစါယါဘျါလဲၣ်.

When and where was medical treatment received?

တၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူၤစါယါဘျါလၢတၢ်လီၤဖဲလဲၣ်. \_\_\_\_\_

**911 or Emergency Call/911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ**

During the incident, did Respondent interfere with a 911 or emergency call?

ဖဲတၢ်မၤအသးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကိၵ်ဒိန့ၣ်လီၤမၤတံာ်တံာ် 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, describe the interference/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, ဟံၤဖျါထီၣ်တၢ်န့ၣ်လီၤမၤတံာ်တံာ်တၢ်- \_\_\_\_\_

Law Enforcement/ပၤကီၢ်ပုၤဘၣ်မုၢ်ဘၣ်ဒါ

Did the police or sheriff come/မ့ၢ်ပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If Yes, list the date, and describe what happened when the police or sheriff came:

မ့ၢ်စံးဆၢ မ့ၢ်, ဟံၣ်ဖျါထီၣ်မ့ၢ်နံၤ, ဒီးဟံၣ်ဖျါတၢ်မနုၤမၤအသးဖဲပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲအခါလဲၣ်-

---



**Additional Incident/တၢ်မၤအသးအါထီၣ်**

Date of incident/တၢ်မၤအသးမုၢ်နံၤ- \_\_\_\_\_

Who was there/မတၤအိၣ်ဖဲန့ၣ်လဲၣ်. \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

ဟံၣ်ဖျါထီၣ်ပုၤတူၢ်ကိာ် **မၤပျံၤမၤဖုး မ့တမ့ၢ် မၤဘၣ်ဒိဆါ** နၤ (မ့တမ့ၢ် ပုၤအဂၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ် အမံၤဖဲ #3), မ့တမ့ၢ် ကမၤပျံၤမၤဖုးနၤ မ့တမ့ၢ် ပုၤအဂၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3) **န့ၣ်လိာ်**. \_\_\_\_\_

**Weapons/တၢ်စုကဝဲတဖၣ်**

Describe any use (or threatened use) of guns or other weapons.

ဟံၣ်ဖျါထီၣ် တၢ်စုးကါ (မ့တမ့ၢ် စုးကါလၢကမၤပျံၤမၤဖုးတၢ်) ကျိ မ့တမ့ၢ် တၢ်စုကဝဲအဂၤတမံၤလၢလၢ်. \_\_\_\_\_

**Injuries/တၢ်ဘၣ်ဒိဘၣ်ထံး**

Was anyone injured/ပုၤဘၣ်ဒိဘၣ်ထံးတဂၤဂၤ.  Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ-

Describe the injuries/ဟံၣ်ဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်- \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

Was medical treatment received/ဒီးန့ၢ်ဘၣ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆါတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions about medical treatment:

မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, စံးဆါတၢ်သံကွၢ်တဖၣ်လၢအဘၣ်ဃးဒီးကသံၣ်ကသီတၢ်ကူစါယါဘျါ-

Who received medical treatment? \_\_\_\_\_

မတၤမၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလဲၣ်.

When and where was medical treatment received?

တၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလၢတၢ်လီၢ်ဖဲလဲၣ်. \_\_\_\_\_

**911 or Emergency Call/911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ**

During the incident, did Respondent interfere with a 911 or emergency call?

ဖဲတၢ်မၤအသးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကိာ်န့ၣ်လီၤမၤတံာ်တံာ် 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, describe the interference/မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, ဟံၣ်ဖျါထီၣ်တၢ်န့ၣ်လီၤမၤတံာ်တံာ်- \_\_\_\_\_

**Law Enforcement/ပၤကီၢ်ပုၤဘၣ်မ့ဘၣ်ဒါ**

Did the police or sheriff come/မ့ၢ်ပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, list the date, and describe what happened when the police or sheriff came:

မ့ၢ်စံးဆါ **မ့ၢ်**, ဟံၣ်ဖျါထီၣ်မုၢ်နံၤ, ဒီးဟံၣ်ဖျါတၢ်မနုၤမၤအသးဖဲပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲအခါလဲၣ်-

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လံာ်ကိိုာ်ဒိအံာ်တၢ်ကဘၣ်မပုဲအီၤလၢအဲကလံးကိိုာ်လီၤ**

---

**Additional Incident/တၢ်မၤအသးအါထီၣ်**

Date of incident/တၢ်မၤအသးမ့ၢ်နံၤ- \_\_\_\_\_

Who was there/မတၢ်အိၣ်ဖဲန့ၣ်လဲၣ်. \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

ဟံၣ်ဖျါထီၣ်ပုၤတူၢ်ကျိာ် **မၤပျံၤမၤဖုး မ့တမ့ၢ် မၤဘၣ်ဒိဆါ** နၤ (မ့တမ့ၢ် ပုၤအဂၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ် အမံၤဖဲ #3), မ့တမ့ၢ် ကမၤပျံၤမၤဖုးနၤ မ့တမ့ၢ် ပုၤအဂၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3) **န့ၣ်လီၤ**. \_\_\_\_\_

**Weapons/တၢ်စုကဝဲၤတဖၣ်**

Describe any use (or threatened use) of guns or other weapons.

ဟံၣ်ဖျါထီၣ် တၢ်စုးကါ (မ့တမ့ၢ် စုးကါလၢကမၤပျံၤမၤဖုးတၢ်) ကျိ မ့တမ့ၢ် တၢ်စုကဝဲၤအဂၤတမံၤလၢလၢၤၤါ.

**Injuries/တၢ်ဘၣ်ဒိဘၣ်ထံး**

Was anyone injured/ပုၤဘၣ်ဒိဘၣ်ထံးတဂၤၤါ.  Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒိကဟံၣ်ကိာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီၤတဲစိ.”)

If **Yes**, answer these questions/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ-

Describe the injuries/ဟံၣ်ဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်- \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

Was medical treatment received/ဒီးန့ၢ်ဘၣ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆါတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions about medical treatment:

မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, စံးဆါတၢ်သံကွၢ်တဖၣ်လၢအဘၣ်ဃးဒီးကသံၣ်ကသီတၢ်ကူစါယါဘျါ-

Who received medical treatment? \_\_\_\_\_

မတၤမၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလဲၣ်.

When and where was medical treatment received?

တၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလၢတၢ်လီၢ်ဖဲလဲၣ်. \_\_\_\_\_

**911 or Emergency Call/911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ**

During the incident, did Respondent interfere with a 911 or emergency call?

ဖဲတၢ်မၤအသးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကိာ်န့ၣ်လီၤမၤတံာ်တံာ် 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, describe the interference/မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, ဟံၣ်ဖျါထီၣ်တၢ်န့ၣ်လီၤမၤတံာ်တံာ်- \_\_\_\_\_

**Law Enforcement/ပၤကီၢ်ပုၤဘၣ်မ့ဘၣ်ဒါ**

Did the police or sheriff come/မ့ၢ်ပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, list the date, and describe what happened when the police or sheriff came:

မ့ၢ်စံးဆါ **မ့ၢ်**, ဟံၣ်ဖျါထီၣ်မုၢ်န့ၣ်, ဒီးဟံၣ်ဖျါတၢ်မနုၤမၤအသးဖဲပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲအခါလဲၣ်-

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လံာ်ကီုဒ်ဒိအံၤတၢ်ကဘၣ်မပုၤအီၤလၢအဲကလံးက့ၢ်လီၤ**

---

**Additional Incident/တၢ်မၤအသးအါထီၣ်**

Date of incident/တၢ်မၤအသးမ့ၢ်နံၤ- \_\_\_\_\_

Who was there/မတၤအိၣ်ဖဲန့ၣ်လဲၣ်. \_\_\_\_\_

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

ဟံၣ်ဖျါထီၣ်ပုၤတူၢ်ကျိာ် **မၤပျံၤမၤဖုး မ့တမ့ၢ် မၤဘၣ်ဒိဆါ** နၤ (မ့တမ့ၢ် ပုၤအဂၤတဖၣ်လၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3), မ့တမ့ၢ် ကမၤပျံၤမၤဖုးနၤ မ့တမ့ၢ် ပုၤအဂၤလၢတၢ်ဟံၣ်ဖျါထီၣ်အမံၤဖဲ #3) **ပျံၤတၢ်** \_\_\_\_\_

**Weapons/တၢ်စုကဝဲၤတဖၣ်**

Describe any use (or threatened use) of guns or other weapons.  
ဟံၣ်ဖျါထီၣ် တၢ်စုးကါ (မ့တမ့ၢ် စုးကါလၢကမၤပျံၤမၤဖုးတၢ်) ကျိ မ့တမ့ၢ် တၢ်စုကဝဲၤအဂၤတမံၤလၢလၢၤၤါ.

**Injuries/တၢ်ဘၣ်ဒိဘၣ်ထံး**

Was anyone injured/ပုၤဘၣ်ဒိဘၣ်ထံးတဂၤၤါ.  Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)  
(မ့ၢ်စံးဆၢတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီၤတဲစိ.”)

If **Yes**, answer these questions/မ့ၢ်စံးဆၢ **မ့ၢ်န့ၣ်**, စံးဆၢတၢ်သံကွၢ်တဖၣ်အံၤ-

Describe the injuries/ဟံၣ်ဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်- \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လိာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ**

Was medical treatment received/ဒီးန့ၢ်ဘၣ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

(If no, skip to “911 or Emergency Call.”)

(မ့ၢ်စံးဆါတမ့ၢ်န့ၣ်, ဒီကဟံၣ်ကွံာ်ဆူ “911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ.”)

If **Yes**, answer these questions about medical treatment:

မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, စံးဆါတၢ်သံကွၢ်တဖၣ်လၢအဘၣ်ဃးဒီးကသံၣ်ကသီတၢ်ကူစါယါဘျါ-

Who received medical treatment? \_\_\_\_\_

မတၤမၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလဲၣ်.

When and where was medical treatment received?

တၢ်မၤန့ၢ်ကသံၣ်ကသီတၢ်ကူစါယါဘျါလၢတၢ်လီၤဖဲလဲၣ်. \_\_\_\_\_

**911 or Emergency Call/911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိ**

During the incident, did Respondent interfere with a 911 or emergency call?

ဖဲတၢ်မၤအသးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကိာ်န့ၣ်လီၤမၤတံာ်တံာ် 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူတၢ်ကိးလီတဲစိဒါ.

Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, describe the interference/မ့ၢ်စံးဆါ **မ့ၢ်န့ၣ်**, ဟံၣ်ဖျါထီၣ်တၢ်န့ၣ်လီၤမၤတံာ်တံာ်- \_\_\_\_\_

**Law Enforcement/ပၤကီၢ်ပုၤဘၣ်မူဘၣ်ဒါ**

Did the police or sheriff come/မ့ၢ်ပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲဒါ.  Yes/မ့ၢ်  No/တမ့ၢ်

If **Yes**, list the date, and describe what happened when the police or sheriff came:

မ့ၢ်စံးဆါ **မ့ၢ်**, ဟံၣ်ဖျါထီၣ်မုၢ်နံၤ, ဒီးဟံၣ်ဖျါတၢ်မနုၤမၤအသးဖဲပၤကီၢ် မ့တမ့ၢ် ပၤကီၢ်ခိၣ်ဟဲအခါလဲၣ်-



**THIS FORM MUST BE COMPLETED IN ENGLISH**

**လံာ်ကီုဒ်ဒိအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးက့ၢ်လီၤ**

---