

State of Minnesota

မံၣ်န့ၣ်စိထံၣ် (Minnesota) ကီၢ်စဲၣ်

District Court

ကီၢ်ရၣ်ကိၣ်ဘျီၣ်

County/ကီၢ်ရၣ်ဒီးထံၣ်

Judicial District: _____
 တၢ်စံၣ်ညီၣ်ပီတုၤလီၢ်က
 ဝီၤ- _____
 Court File Number: _____
 ကိၣ်ဘျီၣ်လံာ်တြိၣ်နီၣ်ဂံၢ်- _____
 Case Type: Domestic Abuse
 တၢ်ဂ့ၢ်အကလုာ်- ဟံၣ်ပူၤဃီပူၤတၢ်စု
 ဆူၣ်ခီၣ်တကး

In the Matter of/တၢ်ဂ့ၢ်-

 Petitioner/ပုၤပတံၤသကိၣ်ကညးတၢ်,

vs./ဒီး

 Respondent/ပုၤတူၢ်ကိၣ်

Request for Hearing
ယုထီၣ်တၢ်စံၣ်ညီၣ်ဒိကန့ၣ်
(Minn. Stat. § 518B.01, subd. 5, 7)

I am the Respondent in this action. My current address is:
 ယမ့ၢ်ပုၤတူၢ်ကိၣ်လၢတၢ်အကူၢ်အံၤအပူၤလီၤ. ယလီၢ်အိၣ်ဆိးထံးအခဲအံၤမ့ၢ်ဝဲ- _____

My telephone number is/ယလီၢ်တဲစိနီၣ်ဂံၢ်မ့ၢ်ဝဲ - _____

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကိာ်ဒိအံာ်တၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကျိာ်လီၤ

I respectfully request the court to hold a hearing in the above-named action.
လၢတၢ်ယူးယိာ်ဟံးကဲအပူၤယဃုထီၣ်ကိာ်ဘျီၣ်လၢကရဲၣ်ကျဲၤမၤတၢ်စံာ်ညိာ်ဒိကန့ၣ်လၢတၢ်ဖံးတၢ်
မၤလၢတၢ်ဟံးဖျါထီၣ်အမံၤလၢထးန့ၣ်လီၤ.

Dated/ဆဲးလီၤမုၢ်နီၤ- _____

Respondent/ပုၤတူၢ်ကိာ် _____

NOTE/တၢ်နီၣ်

A hearing will not be held unless you request one within **five days** of receiving these materials.
မ့တမ့ၢ်လၢနဃုထီၣ်အီၤတခါလၢ **ယဲၢ်သီအတီၢ်ပူၤ** လၢနဒိးန့ၢ်ဘၣ်လံာ်လဲၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်အံၤဘၣ်န့ၣ်
တၢ်တမၤတၢ်စံာ်ညိာ်ဒိကန့ၣ်အံၤဘၣ်န့ၣ်လီၤ.