

**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: Domestic Abuse  
Hom Plaub Ntug: Kev Sib Ceg Sib  
Ntaus Hauv Tsev  
Neeg

In the Matter of/ Ntawm Qhov Xwm Txheej:

\_\_\_\_\_  
Petitioner/ Neeg Foob,

**Affidavit and Motion to Modify  
Order for Protection  
(Minn. Stat. § 518B.01, subd. 11)  
Tsab Ntawv Pov Thawj thiab Thov Kho Hloov  
Ntawv Yuam Kev Tiv Thaiv  
(Minn. Txoj Cai § 518B.01, subd. 11)**

vs./ thiab

\_\_\_\_\_  
Respondent/ Tus Neeg Raug Foob

I/ Kuv, \_\_\_\_\_, state that/ teev tias:

1. I am the  Petitioner  Respondent in this action.  
Kuv yog  tus Neeg Foob  Neeg Raug Foob hauv rooj plaub no.
2. A domestic abuse Order for Protection was issued on/ Tau pom zoo Daim Ntawv Yuam  
Kev Tiv Thaiv rau kev sib ceg sib ntaus hauv tsev neeg thaum \_\_\_\_\_. I  
request that it be amended as follows / Kuv thov kom muab kho hloov raws li nram no:

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

**THIS FORM MUST BE COMPLETED IN ENGLISH  
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

3. Describe in detail why the Court should issue an amended Order for Protection:  
Piav qhia cov ntsiab lus seb vim li cas lub Tsev Hais Plaub thiaj li yuav pom zoo kho  
hloov Daim Ntawv Yuam Kev Tiv Thaiv:

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4.  An emergency exists because of an immediate danger of physical harm to me or my child (ren).  
Muaj taus ib yam kev kub ceev vim yog muaj kev txaus ntshai raug mob rau kuv los sis kuv tus (cov) me nyuam lub cev ntaj ntsug.
5.  Because of the danger of physical harm, I am requesting that the court grant my request for a change in the Order for Protection immediately and until the date of the hearing for modification.  
Vim yog txoj kev txaus ntshai raug mob rau lub cev ntaj ntsug, kuv thiaj li thov kom lub tsev hais plaub pom zoo hloov Daim Ntawv Yuam Kev Tiv Thaiv tam sis thiab kom mus txog lub rooj sib hais rau qhov kev kho hloov.

**Notice/ Faj seeb**

**To the Above Named Petitioner/Respondent: Please take Notice that on  
Rau Tus Neeg Foob/Neeg Raug Foob Muaj Npe Saum No: Thov Faj Seeb** tias thaum

\_\_\_\_\_ at/ nyob rau \_\_\_\_\_ m./ teev . at/ nyob rau \_\_\_\_\_  
(Date)/(Hnub tim) (Time)/(Sij Hawm) (Address)/(Chaw Nyob)  
before/ ntawm \_\_\_\_\_, I will ask the Court to change the Order for  
(Judge)/(Kws Txiaiv Txim)

Protection as requested in my affidavit above/ Kuv yuav thov lub Tsev Hais Plaub kom hloov  
Daim Ntawv Yuam Kev Tiv Thaiv raws li thov hauv kuv daim ntawv pov thawj saum no.

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

**THIS FORM MUST BE COMPLETED IN ENGLISH  
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

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

Dated/ Hnub : \_\_\_\_\_

Signature/ Kos Npe \_\_\_\_\_

Name/ Npe: \_\_\_\_\_

(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: \_\_\_\_\_

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**Distribution/ Kev Yais Ntawv**

\_\_\_\_\_ Certified copy or original - Return to Court Administrator with Affidavit of Personal Service attached

Daim luam ntaus thwj rau los sis daim tseem - Xa Rov Qab Tsab Ntawv Pov Thawj Kev Nqa  
Mus Cev rau tus Neeg Khiav Hauj Lwm Tsev Hais Plaub

\_\_\_\_\_ Copy for Petitioner(s)

Luam rau Tus (Cov) Neeg Foob

\_\_\_\_\_ Copy for Respondent(s)

Luam rau Tus (Cov) Neeg Raug Foob

\_\_\_\_\_ Copy for file until original returned

Luam khaws cia kom daim tseem rov los txog

\_\_\_\_\_ Copy for local police department

Luam rau tuam tsev ceev xwm

\_\_\_\_\_ Copy for Sheriff

Luam rau tus Sheriff

\_\_\_\_\_ Other: \_\_\_\_\_

Lwm tus:

\_\_\_\_\_ Dissolution File

Ntaub Ntawv Teev Kev Tsis Daws Tau Teeb Meem

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