

THIS FORM MUST BE COMPLETED IN ENGLISH
လံာ်ကီုဒိအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲကလံးကိၣ်လီၤ

State of Minnesota
မံၣ်န့ၣ်စိထံၣ် (Minnesota) ကီၢ်စဲၣ်

District Court
ကီၢ်ရၣ်ကီၢ်ဘျီၣ်

County/ကီၢ်ရၣ်

Judicial District:
တၢ်စံၣ်ညီၣ်ပီတုၤလီၢ်ကဝီၤ-
Court File Number:
ကီၢ်ဘျီၣ်လံာ်တြၢ်နီၣ်ဂံၢ်-
Case Type:
တၢ်ဂ့ၢ်အကလုာ်-

Petitioner/ပုၤတံသကီုၣ်ကညးတၢ်,

and/ဒီး

Respondent/ပုၤတူၢ်ကီုၣ်

**Affidavit for Filing Foreign
Protective Order**
လံာ်ဆိၣ်လီၤသးလၢ တၢ်တီၣ်ဖျါထီၣ် ထံၣ်ကီၢ်ဂၤ
တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ်

I/ယၤ, _____, am the person filing a foreign protective order pursuant to Minn. Stat. § 518B.01, subd 19a/ယမ့ၢ်ပုၤလၢအတီၣ်ဖျါထီၣ် ထံၣ်ကီၢ်ဂၤတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ် ဒ်တၢ်ဟ့ၣ်ဖျါထီၣ်အီၤဖဲ Minn. သဲစးတၢ်သိၣ်တၢ်သီနီၣ်ဂံၢ်. § 518B.01, အဒု 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state my belief that the foreign protective order filed with this affidavit is a valid order and has not been amended, rescinded, or superseded by any orders from a court of competent jurisdiction.

ယဟ့ၣ်ဖျါထီၣ်စ့ၢ်ကီၢ်လၢ ယန့ၣ်လၢထံၣ်ကီၢ်ဂၤတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ် န့ၣ်တၢ်တီၣ်ဖျါထီၣ်အီၤဒီး လံာ်ဆိၣ်လီၤသးအံၤ မ့ၢ်ဝဲ တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢအဖိးသဲစး ဒီးတဘျီတၢ်ဘျီတၢ်မၤဂ့ၢ်ထီၣ်က့ၤအီၤ, မၤဟးဂီၤကွံာ်တၢ်သိၣ်တၢ်သီ, မ့တမ့ၢ် ဆိတလဲအလီၢ်ဒီးတၢ်ဟ့ၣ်တၢ်ကလုာ်အဂၤတဖၣ်လၢကီၢ်ဘျီၣ်အိၣ်ဒီးတၢ်သ့တၢ်ဘၣ်လၢပုၤပုၤလၢ ကမၤတၢ်ဆၢတံာ်န့ၣ်လီၤ.

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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

တၢ်ဂ့ၢ်တၢ်ကျိၤလၢလၢာ် တိၤစၢၤမၤစၢၤန့ၤဒီး တၢ်ထၢန့ၢ်လီၤ

ထံၣ်ဂ့ၢ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ် လၢ Minn. သဲစးတၢ်သိၣ်တၢ်သီနီၣ်ဂံၢ် 518B.01,

အဒု. 19a. ဝံသးစူၤမၤပုၤတၢ်ဂ့ၢ်တၢ်ကျိၤအါအါတသ့ဖဲအသ့ လၢကမၤလီၤတံၢ် လၢတၢ်သိၣ်တၢ်သီတဖၣ် လၢဘၣ်တၢ်ပညိၣ်ထုးထီၣ်ဟ့ၣ်လီၤအီၤလၢ ကီုဘျီတဖၣ် ဒီဆၢဟ်ဖျါထီၣ်အသးလၢ

မံၣ်န့ၣ်စိထုၣ်ကီုဘျီတၢ်ဂ့ၢ်တၢ်ကျိၤတၢ်မၤအကျိၤအကျဲ (Minnesota Court Information System) ဒီး

တၢ်ဂ့ၢ်တၢ် ကျိၤလၢအဘၣ်တဖၣ် ဘၣ်တၢ်ဆုၢ်ဒီအီၤဆူ ပုၤပၤကီုလၢအ

ဒုးလူၤဟီၢ်မၤထွဲသဲစးတၢ်သိၣ်တၢ်သီတဖၣ်န့ၣ်လီၤ

Party / Protected Person Information ပုၤ / နီၢ်ကစၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢဘၣ်တၢ်ဒိသဒါအီၤ	
<p>Petitioner/ပုၤပတံသကွံၢ်ကညးတၢ်,</p> <p><input type="checkbox"/> check for confidential address/phone number သမံသမိးကွၢ်</p> <p>လီၢ်အိၣ်ဆိးထံး/လီၢ်တဲစိနီၣ်ဂံၢ်လၢတၢ်ဟ်အီၤဒ်တၢ်ခူသ့ၣ်အသိး</p> <p>Name/မံၤ-</p> <p>Address/လီၢ်အိၣ်ဆိးထံး-</p> <p><small>(If your address is confidential do not include it here)</small> <small>(န့ၣ်လီၢ်အိၣ်ဆိးထံးအံၤမ့ၢ်တၢ်ခူသ့ၣ်န့ၣ် တဘၣ်ထၢန့ၢ်အီၤဖဲအံၤတဂ့ၤ)</small></p> <p>Phone Number(s)/လီၢ်တဲစိနီၣ်ဂံၢ်(တဖၣ်)-</p> <p><small>(If your phone number is confidential do not include it here)</small> <small>(န့ၣ်လီၢ်တဲစိနီၣ်ဂံၢ်အံၤမ့ၢ်တၢ်ခူသ့ၣ်န့ၣ် တဘၣ်ထၢန့ၢ်အီၤဖဲအံၤတဂ့ၤ)</small></p> <p>Date of Birth or age/အိၣ်ဖျဲၣ်မုၢ်နံၤ မ့တမ့ၢ်</p> <p>သးနံၣ်-</p>	<p>Respondent/ပုၤတူၢ်ကီုၢ်</p> <p>Name/မံၤ-</p> <p>Address/လီၢ်အိၣ်ဆိးထံး-</p> <p>Phone Number(s)/လီၢ်တဲစိနီၣ်ဂံၢ်(တဖၣ်)-</p> <p>Date of Birth or age/အိၣ်ဖျဲၣ်မုၢ်နံၤ မ့တမ့ၢ်</p> <p>သးနံၣ်-</p>

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<p>Gender/မုၢ်ခွါ Race/စၢၤသွဲၣ်-</p> <p>Petitioner is Protected Party?</p> <p>ပုၤပတံသကွံၢ်ကညးတၢ်အံၤ မ့ၢ်</p> <p>ပုၤလၢအဘၣ်တၢ်ဒိသဒါအီၤခါ.</p> <p><input type="checkbox"/> Yes/မ့ၢ် <input type="checkbox"/> No/တမ့ၢ်</p>	<p>Gender/မုၢ်ခွါ Race/စၢၤသွဲၣ်-</p>
<p>Other Persons Protected by Order</p> <p>ပုၤအဂၤလၢဘၣ်တၢ်ဒိသဒါအီၤလၢ</p> <p>တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်လၢတၢ်ဒိသဒါအဂီၢ်</p> <p>Name/မံၤ-</p> <p>DOB or age/အိၣ်ဖျဲၣ်မုၢ်နံၤ မ့တမ့ၢ် သးနံၣ်-</p> <p>Gender/မုၢ်ခွါ Race/စၢၤသွဲၣ်-</p> <p>Name/မံၤ-</p> <p>Date of Birth or age/အိၣ်ဖျဲၣ်မုၢ်နံၤ မ့တမ့ၢ်</p> <p>သးနံၣ်-</p> <p>Gender/မုၢ်ခွါ Race/စၢၤသွဲၣ်-</p> <p>(attach additional sheet with additional names and protected addresses if necessary) (ဘျးစဲၣ်ယုာ်လံာ်က့အဂၤဒီးမံၤအဂၤဒီးလီၢ်အိၣ်ဆိးထံးလၢ တၢ်ဒိသဒါအီၤတဖၣ် မ့ၢ်အလိၣ်မ့ၢ်အိၣ်အခါ)</p>	<p>Parties' Qualifying Relationship</p> <p>ပုၤကိးကပၤဒဲးအတၢ်ရ့ၤလိာ်မုၢ်လိာ်လၢအိၣ်ဒီးအ</p> <p>ကံၢ်အစီတဖၣ်</p> <p><input type="checkbox"/> Married/ဖျီသး</p> <p><input type="checkbox"/> Divorced/လီၤဖး</p> <p><input type="checkbox"/> Living Together/အိၣ်သကိးတပူၤယီ</p> <p><input type="checkbox"/> Lived Together/အိၣ်သကိးတပူၤယီ</p> <p><input type="checkbox"/> Have a Child Together အဖိအိၣ်တပူၤယီ</p> <p><input type="checkbox"/> Have Unborn Child Together အိၣ်ဒီးဖိသၣ်လၢတအိၣ်ဖျဲၣ်ထီၣ်ဒီးဘၣ်တပူၤယီ</p> <p><input type="checkbox"/> Parent and Child/မိၢ်ပၢ်ဒီးဖိ</p> <p><input type="checkbox"/> Related by Blood/ဘၣ်ထွဲဒီးသွံၣ်ထံ</p> <p><input type="checkbox"/> Significant Romantic or Sexual Relationship တၢ်အဲၣ်တၢ်ကွံၢ်လၢအရ့ၤဒိၣ် မ့တမ့ၢ် တၢ်ရ့ၤလိာ်မုၢ်လိာ်လၢမုၢ်ခွါသွံၣ်ထံးတကပၤ</p>

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လံာ်ကိၵ်ဒိအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲကလံးကိၵ်လီၤ

Information about the Order တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ဃးဒီးတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်	
Issuing Court/ထူးထီၣ်ဟ့ၣ်လီၤကိၵ်ဘျီၣ်-	Issue Date/ထူးထီၣ်ဟ့ၣ်လီၤမ့ၢ်န့ၢ်-
Service Information တၢ်မၤစၢၤတၢ်ဂ့ၢ်တၢ်ကျိၤ	Order Expiration Date: တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်တၢ်ဆၢကတီၢ်လၢာ်အမ့ၢ်န့ၢ်-
Serving Agency/တၢ်မၤစၢၤခၢၣ်စးကရၢ-	Type of Service/တၢ်မၤစၢၤအကလုာ်- <input type="checkbox"/> In Person/လၢနီၢ်ကစၢ် <input type="checkbox"/> By Mail/ဒီဖျိတၢ်ဆုၤလၢာ်ပရၢ <input type="checkbox"/> By Short Form/ဒီဖျိလံာ်ကိၵ်ဒိအဖုၣ် <input type="checkbox"/> By Publication/ဒီဖျိတၢ်စဲးထူးထီၣ်ရၢလီၤ
Date Served/ဟ့ၣ်လီၤမ့ၢ်န့ၢ်-	

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

ယန့ၢ်ပၢၢ်လၢတၢ်ဃုထီၣ်လၢတၢ်ဘျီဘၣ်မၤဂ့ၢ်ထီၣ်အဂီၢ်, တၢ်ထူးကွံာ်တၢ်ဆိကတီၢ်, မ့တမ့ၢ် တၢ်မၤအါထီၣ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်အကတီၢ်တဖၣ် ကဘၣ်တၢ်ဟံၣ်ဖျါထီၣ်အီၤလၢကိၵ်ဘျီၣ် လၢအထူးထီၣ်တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်နီၢ်နီၢ်န့ၢ်လီၤ.

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.

ယန့ၢ်ပၢၢ်လၢယအိၣ်ဒီးမူဒါလၢ တၢ်မၤချးမၤသီထီၣ်တၢ် တမံၤလၢလၢၤ ဒီးတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်အံၤ, ပၣ်ဃုာ်ဒီးတၢ်မၤစၢၤတၢ်ဂ့ၢ်တၢ်ကျိၤဒီးတၢ်ဆိတလဲ, ဆိကတီၢ်ဒီးထူးကွံာ်, မ့တမ့ၢ် မၤအါထီၣ်တၢ်ဆၢကတီၢ်လၢတၢ်ကလုာ်အဂီၢ်တမံၤလၢလၢၤဒီးအဂၢၤတဖၣ်, ဃုာ်ဒီး ကီၢ်ရၢၣ်ဒီးထံၣ်တဘျီဃီ ကိၵ်ဘျီၣ်ပှၤပၤဆုၤရဲၣ်ကျဲၤတၢ် လၢကန့ၢ်လီၤဆူ Minnesota Court Information System အပူၤန့ၢ်လီၤ. တဟဲက့ၤကဒါက့ၤဆူ ကီၢ်ရၢၣ်ဒီးထံၣ်တဘျီဃီ လၢကတီၣ်ဖျါထီၣ်တၢ်ဆိတလဲဒီးမၤသီထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ ကစဲၤခံ မ့တမ့ၢ် ဒီသဒါ တၢ်ဒူးလူၤဟံၣ်မၤထွဲတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ် အံၤန့ၢ်လီၤ.

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

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ယဘိးဘၣ်ရၤလီၤတၢ်မၤကမၣ်သဲးစးခိဖျိတၢ်အုၣ်သးကဘျးကဘျၣ်လၢကီၢ်ဘျီၣ်အပူၤလၢတၢ်ကိးမံၤဒဲးလၢ
ယတဲဖျါထီၣ်လၢလံာ်တီၢ်မိအံၤ အပူၤန့ၣ် မ့ၢ်ဝဲတီၢ်ဒီးဘၣ်ဝဲန့ၣ်လီၤ. Minn. Stat. § 358.116.

Dated/ဆဲးလီၤမုၢ်န့ၣ် _____

Signature/ဆဲးလီၤမံၤ

County and State Where Signed:

Name/မံၤ- _____

ကီၢ်ရၣ်ဒီးထံၣ်ဒီးကီၢ်စဲၣ်တၢ်လီၤဖဲဆဲးလီၤမံၤ-

If you have asked to keep your address and/or phone
number confidential, do not include it here.
နမ့ၢ်ဃုထီၣ်လၢတၢ်ကဟံနလီၢ်အိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ်
လီၤတဲစီနီၣ်ဂံၢ်လၢတၢ်ခူသ့ၣ်န့ၣ်, တဘၣ်ထၢန့ၢ်ဃုာ်ဖဲအံၤ

Address/လီၢ်အိၣ်ဆိးထံး- _____

City/State/Zip/ဝုၢ်/ကီၢ်စဲၣ်/စံး(ဝ)နီၣ်ဂံၢ်- _____

Telephone/လီၤတဲစီ- () _____

E-mail address/အံၤမ့(လ)- _____