

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

**State of Minnesota  
Xeev Minnesota**

**District Court  
Cheeb Tsam Tsev Hais Plaub**

County/ Cheeb Koog
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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

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

vs./ thiab

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

**Petitioner's Request for Dismissal of  
Order for Protection**

**Neeg Foob thov kev rho tawm Ntawv  
Yuam Kev Tiv Thaiv rau thaum**

Petitioner requests dismissal of the Order for Protection issued on  
Neeg Foob thov kev rho tawm Ntawv Yuam Kev Tiv Thaiv rau thaum \_\_\_\_\_

because/ vim yog: \_\_\_\_\_

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

\_\_\_\_\_  
Date/ Hnub tim

\_\_\_\_\_  
Petitioner, by signing here, requests dismissal  
Neeg Foob, txoj kev kos npe rau ntawm no, thov kev rho tawm

Printed Name/ Sau Lub 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: \_\_\_\_\_

Chaw sau ntawv E-mail: \_\_\_\_\_