

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

**THIS DOCUMENT SHALL BE SEALED UPON FILING WITH THE COURT
YUAV MUAB TSAB NTAWV NO KAW TOM QAB ZWM RAU HAUV TSEV HAIS
PLAUB TAG**

**THE COVER SHEET FOR NON-PUBLIC DOCUMENTS FORM 11.2 MUST BE USED
WHEN FILING THIS AFFIDAVIT IN PAPER FORM**

**YUAV TSUM SIV TSAB NTAWV KHWB RAU TSAB NTAWV TEEV COV NCAUJ
LUS TSIS QHIB RAU PEJ XEEM POM 11.2 THAUM ZWM TSAB NATWV NO UA
DAIM NTAWV TSEEM KIAG**

**State of Minnesota
Xeey Minnesota**

County/ Cheeb Koog

**District Court
Cheeb Tsam Tsev Hais Plaub**

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

**Affidavit of No
Ownership/Possession of
Firearms or Ammunition
Ntawv Pov Thawj Tsis Yog
Tswv/Muaj Cov Phom los sis
Mos Txwv (Affidavit of No
Ownership/Possession of
Firearms or Ammunition)**

I, the Respondent in the above-entitled matter, state the following:

Kuv, tus Neeg Raug Foob hauv rooj plaub saum no, teev cov nram no:

I understand the court has issued or will be issuing an Order for Protection in this case and I am or will be prohibited from shipping, transporting, possessing, or receiving any firearm or ammunition for the duration of this Order.

Kuv nkag siab tias lub tsev hais plaub tau muab los sis yuav muab Daim Ntawv Yuam Kev Tiv Thav rau rooj plaub no thiab kuv yeej los sis yuav raug txwv ntawm txoj kev xa, thauj los sis txais tej phom los sis mos txwv rau lub caij nyooj muaj Daim Ntawv Yuam no.

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LUS TSIS QHIB RAU PEJ XEEM POM 11.2 THAUM ZWM TSAB NATWV NO UA
DAIM NTAWV TSEEM KIAG**

I do not own or possess any firearms or ammunition and will not own or possess any firearms or ammunition for the duration of this or any future Order for Protection issued in this case.

Kuv tsis yog ib tug tswv los sis muaj tej phom los sis mos txwv thiab yuav tsis muas los sis muaj tej phom los sis mos txwv rau lub caij no los sis yam tom ntej rau tej Ntawv Yuam Kev Tiv Thaiv uas muaj rau hauv rooj plaub no.

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

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 tim

Signature/ Kos Npe

Name/ Npe: _____

Address/ Chaw nyob: _____

County and state where signed
Cheeb koog thiab xeev uas kos npe
nyob rau

City/State/Zip

Zos/Xeev/Zip: _____

Telephone/Xov Tooj: _____

Email/Chaw sau
ntawv E-mail: _____