

THIS FORM MUST BE COMPLETED IN ENGLISH  
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIRIIS

State of Minnesota  
Gobolka Minnesota

District Court  
Maxkamadda Degmada

County/ Deegaanka:

Judicial District:  
Garsoorka Degmada: \_\_\_\_\_  
Court File Number:  
Lambarka Feylka  
Maxkamadda: \_\_\_\_\_  
Case Type: **Harassment**  
Nooca Kiiska: **Dhibaateyn**

In the Matter of/ Arrinta la xiriirta:

\_\_\_\_\_  
Petitioner/ Dacwoodaha

**Affidavit in Support of Order to  
Show Cause for Contempt (Harassment)**  
Minn. Stat. § 609.748, subd. 6(i)

vs./vs.

**Markhaatikac Taageerid u ah Amarka lagu  
Muujinayo Sababta Ixtiraam La'aanta  
Maxkamadda (Dhibaateyn)**  
Sharciga Minn. Stat. § 609.748, farq. 6(i)

\_\_\_\_\_  
Respondent/ Dacweysanaha

My name is/ Magacaygu waa \_\_\_\_\_,

I am/ Waxaan ahay:

- The Petitioner/ Dacwoodaha
- Peace Officer/ Booliiska Maxkamadda
- Other interested person named by the Court/  
Dadka kale ee ku lugta leh ee ay magacowday Maxkamadda

I state that Respondent has violated the following parts of the Order dated: \_\_\_\_\_

Waxaan caddeynayaa in Dacweysanuhu ku xadgudbay qeybaha soo socda ee Amarka ee taariikhahoodu yihiin:

(List the parts of the Order that Respondent violated):

(Qor qeybaha Amarka ee uu Dacweysanuhu ku xadgudbay): \_\_\_\_\_

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

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The Order was violated when Respondent committed the following acts (Describe specific acts, including what happened, who was involved, and give the approximate date. List the most recent dates first. Add more sheets if necessary):

Amarka waxaa ku xadgudbay Dacweysanaha oo sameeyey falalka soo socda (Faahfaahi falal gaar ah, sida wixii dhacay, qofkii ku lug lahaa, oo qor taariikho ah qiyaas. Marka hore qor taariikhihii ugu dambeeyey. Waraaqo dheeraad ah ku soo lifaaq haddii aad u baahato): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Waxaan sharciga ciqaabta dhaarta beenta ah ku caddeynayaa wax kasta oo aan ku sheegay waraaqdan in ay yihiin run iyo sax. Sharciga Minn. Stat. § 358.116.

Dated/ Taariikhda	Signature/ Saxiixa
	Name/ Magaca: _____
	(If you have asked to keep your address and/or phone number confidential, do not include it here.) (Haddii aad soo codsatay in cinwaanka iyo/ama lambarka taleefanka lagaaga dhigo qarsoodi, ha ku uqorin halkan.)
County and state where signed Deegaanka iyo gobolka saxiixa lagu sameeyey	Address/ Cinwaanka: _____
	City/State/Zip Magaalada/Gobolka/Lambarka
	Boostada Xaafadda (Zip): _____
	Telephone/ Taleefanka: _____
	Email/
	Boostada Intarnetka (Email): _____