

THIS FORM MUST BE COMPLETED IN ENGLISH
လံာ်ကိၵ်ဒိအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲၤကလံးကျိၣ်လီၤ

State of Minnesota
မံၣ်န့ၣ်စီထံၣ် (Minnesota) ကီၢ်ဖဲၣ်

District Court
ကီၢ်ရၣ်ကိၵ်ဘျီၣ်

County of/ကီၢ်ရၣ်-

Judicial District:
တၢ်စံၣ်ညီၣ်ပီတုၤလီၤကဝီၤ- _____
Court File Number:
ကိၵ်ဘျီၣ်လံာ်တြၢ်နီၣ်ဂံၢ်- _____
Case Type: Domestic Abuse
တၢ်ဂ့ၢ်အကလုာ်- တံၣ်ပူၤဖီပူၤတၢ်စု
ဆူၣ်ခိၣ်တကး

In the Matter of/တၢ်ဂ့ၢ်-

Petitioner/ပုၤပတံၤသကိၵ်ကညးတၢ်,

vs./ဒီး

**Affidavit in Support of
Order to Show Cause for Contempt**
လံာ်ဆိၣ်လီၤသးလၢ

**တၢ်ဆိၣ်ထွဲမၤစၢၤတၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်လၢ
ကဒူးန့ၣ်တၢ်ဂ့ၢ်လၢအဒူးအိၣ်ထီၣ်တၢ်တယူးယီၣ်ဟံၣ်ကဲတၢ်
Minn. Stat. § 518B.01**

Respondent/ပုၤတူၢ်ကိၵ်

My name is/ယမံၤမ့ၢ် _____,

I am/ယမ့ၢ်-

- The Petitioner/ပုၤပတံၤသကိၵ်ကညးတၢ်
- Peace Officer/တၢ်မၤယူၤလိာ်ဖိးလိာ်တၢ်အခိၣ်
- Other interested person named by the Court/ပုၤအဂၢၤလၢအသးစဲတၢ် လၢကိၵ်ဘျီၣ်ကိးထီၣ်အီၤ

I state that Respondent violated the following parts of the Order for Protection dated _____.
ယတဲၤဖျါထီၣ်လၢ ပုၤတူၢ်ကိၵ်လုာ်သ့ၣ်ခါပတၢ် တၢ်ဟ့ၣ်လီၤ တၢ်ကလုာ်လၢတၢ်ဒိသဒါအဂီၢ်လၢအိၣ်ဒီးတၢ်ဆဲးလီၤမုၢ်န့ၢ်
အကူၢ်ပိာ်ထွဲတဖၣ်

(List the parts of the Order that Respondent violated.)
(ကွဲးဟံၣ်ဖျါထီၣ် တၢ်ဟ့ၣ်လီၤတၢ်ကလုာ်အကူၢ် လၢပုၤတူၢ်ကိၵ်လုာ်သ့ၣ်ခါပတၢ်အီၤတက့ၢ်.)

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

တၢ်လုၢ်သ့ၣ်ခါပတၢ်တၢ်ဟ့ၣ်လီၤတၢ်အကလုၢ် ဖဲပုၤတူၢ်ကိၵ် မၤကမၣ်တၢ်ဟူးတၢ်ဂဲၤလၢအပိၣ်ထွဲထီၣ်တဖၣ် (ဟ်ဖျါထီၣ် တၢ်ဟူးတၢ်ဂဲၤလီၤတံၢ်လီၤဆဲး, ပၣ်ဃုာ်ဒီးတၢ်မနုၤကဲထီၣ်အသး, မ့ၢ်မတၤပၣ်ဃုာ်လဲၣ်, ဒီးမုၢ်နံၤလၢနတယၢ်အီၤသ့ၣ်တက့ၢ်. ကွဲးဟ်ဖျါထီၣ် မုၢ်နံၤအပူၤကွၢ်ဖဲတယံာ်ဒဲးဘၣ်တဖၣ် လၢအဆိန့ၣ်တက့ၢ်. မၤအါထီၣ်လံာ်က့ ဖဲအလိၣ်မ့ၢ်အိၣ်အသိး.)

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

ယဘိးဘၣ်ရၤလီၤတၢ်မၤကမၣ်သဲစးခိဖျါတၢ်အုၣ်သးကဘျဲးကဘျၢ်လၢကီၢ်ဘျီၣ်အပူၤလၢတၢ်ကိးမံၤဒဲးလၢယတဲဖျါထီၣ် လၢလံာ်တီလံာ်မိအံၤ အပူၤန့ၣ် မ့ၢ်ဝဲတီဝဲဒီးဘၣ်ဝဲန့ၣ်လီၤ. Minn. သဲစးတၢ်သိၣ်တၢ်သီနီၣ်ဂံၢ်. § 358.116.

Dated/ဆဲးလီၤမုၢ်နံၤ	Signature/ဆဲးလီၤမံၤ
	Name/မံၤ-
	<small>(If you have asked to keep your address and/or phone number confidential, do not include it here.) (နမ့ၢ်ဃုထီၣ်လၢတၢ်ကဟ်နလီၤအိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ် လီတဲစီနီၣ်ဂံၢ်ဒဲးတၢ်ခူသ့ၣ်အသိးန့ၣ်, တဘၣ်ထၢန့ၣ်ဃုာ်ဖဲအံၤတဂ့ၤ.)</small>
County and state where signed ကိၢ်ရၣ်ခိးထံၣ်ဒီးကိၢ်စဲၣ်တၢ်လီၤဖဲဆဲးလီၤမံၤ	Address/လီၤအိၣ်ဆိးထံး-
	City/State/Zip
	ဂ့ၢ်/ကိၢ်စဲၣ်/စံး(ပ)နီၣ်ဂံၢ်-
	Telephone/လီတဲစီ-
	Email/အံၤမ့(လ)-