

**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
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Judicial District:	
Garsoorka	
Degmada:	_____
Court File Number:	
Lambarka Feylka	
Maxkamadda:	_____
Case Type:	Harassment
Nooca Kiiska:	Dhibaatayn

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

vs./ vs.

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

**Petitioner's Request for Dismissal of  
Harassment Restraining Order  
Codsiga Ka-haridda Dacwoodaha ee  
Amarka Ammaangelinta ama Joojinta  
Dhibidda**

Petitioner requests dismissal of the Harassment Restraining Order issued on/Codsiga Ka-haridda Dacwoodaha ee Amarka Ammaangelinta ama Joojinta Dhibidda oo la soo saaray \_\_\_\_\_ because/ sababtoo ah: \_\_\_\_\_

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

\_\_\_\_\_  
Date/ Taariikhda

\_\_\_\_\_  
Petitioner, by signing here, requests dismissal /Dacwoodaha, markuu halkan saxiixo, wuxuu codsanayaa ka-harid

Printed Name/ Magaca Far Waaweyn: \_\_\_\_\_

(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.)

Address/ Cinwaanka: \_\_\_\_\_

City, State, Zip/Magaalada, Gobolka, Lambarka Xaafadda  
(Zip): \_\_\_\_\_

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Telephone/ Taleefanka: \_\_\_\_\_

E-mail/ Boostada Intarnetka (Email): \_\_\_\_\_

\_\_\_\_\_