

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 KHVB 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  
Xeev 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,

and/ thiab

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

Affidavit / Proof of Transfer  
of Firearms  
Ntawv Pov Thawj / Pov Thawj Kev Txav  
Cov Phom

I/ Kuv, \_\_\_\_\_, state the following/ teev cov nram no:

On/ Thaum \_\_\_\_\_, the  
(Date firearms were transferred/received)/ (Hnub uas txav/txais tau cov phom)

Respondent named above/ Tus Neeg Raug Foob muaj npe saum no  the following law  
enforcement agency/ lub chaw ceev xwm nram no: \_\_\_\_\_,  
(name of agency)/ (koom haum npe)

permanently or/ yeej tau txav ruaj mus li los sis  temporarily transferred the firearms  
identified below to me (check one box below)/ ib ntus cov phom raws li teev qhia rau nram no  
rau kuv (kos ib kem nram no):

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a person who may lawfully receive firearms and does not live with the Respondent. I acknowledge that I may be held criminally and civilly responsible under Minn. Stat. § 624.7144 if the Respondent named above gains access to a transferred firearm while the firearm is in my custody.

tus neeg muaj cai txais tau cov phom thiab tsis nyob ua ke nrog tus Neeg Raug Foob. Kuv lees tias kuv kuv yuav ris lub nras ntawm kev ua txhaum cai thiab ua pej xeem raws li Minn. Txoj Cai § 624.7144 yog tias tus Neeg Raug Foob muaj npe saum no muab cuag tau rab phom uas txav rau kuv tuav lawm.

a law enforcement agent with the following agency \_\_\_\_\_.  
tus neeg sawv cev cev xwm nrog lub koom haum nram no

a federally licensed firearms dealer, FFL# \_\_\_\_\_.  
lub lag luam muaj ntawv tso cai los ntawm tsoom fvw teb chaws muag phom, FFL#

**List the name, make, model and caliber of all firearms transferred in the table below:  
Teev qhia lub npe, lag luam tsim thiab tag nrho cov hom phom uas txav tawm rau nram no:**

Firearm Name / Make Rab Phom Npe / Lag Luam Tsim	Serial Number Zauv Cim Rab Phom	Model / Caliber Hom / Luaj Li Cas
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**If the Respondent transferred the firearms, the Respondent must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.**

**Yog tias tus Neeg Raug Foob txav cov phom, tus Neeg Raug Foob yuav tsum ua daim Ntawv Pov Thawj/Pov Thawj Kev Txav nrog lub tsev hais plaub ua ntej ob hnuv lag luam qhib txij li txav phom.**

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**If a law enforcement agency transferred the firearms, the law enforcement agency transferring the firearms must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.**

**Yog tias lub koom haum ceev xwm txav cov phom, lub koom haum txav cov phom yuav tsum ua daim Ntawv Pov Thawj/Pov Thawj Kev Txav nrog lub tsev hais plaub ua ntej ob hnuv lag luam qhib txij li txav phom.**

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/ Hnuv tim: \_\_\_\_\_  
Signature/ Kos Npe \_\_\_\_\_

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

Name/ Npe \_\_\_\_\_

Agency or Business Name, if applicable: \_\_\_\_\_

Koom Haum los sis Lag Luam Npe, yog muaj feem xyuam

Address/ Chaw nyob \_\_\_\_\_

City/State/ Zip/Zos/Xeev/Zip \_\_\_\_\_

Telephone/ Xov Tooj (\_\_\_\_\_) \_\_\_\_\_

E-mail address/ Chaw sau ntawv Email: \_\_\_\_\_