

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

**State of Minnesota
Xeev Minnesota**

**District Court
Cheeb Tsam Tsev Hais Plaub**

County of/Cheeb koog ntawm

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

In the Matter of/ Ntawm Qhov Xwm Txheej:

Petitioner/ Neeg Foob,

vs./ thiab

**Affidavit in Support of
Order to Show Cause for Contempt**
Minn. Stat. § 518B.01
**Tsab Ntawv Pov Thawj
Txhawb Ntawv Yuam Qhia Laj Thawj
Kev Tsis Coj Raws Cai**
Minn. Txoj Cai § 518B.01

Respondent/ Neeg raug foob

My name is/ Kuv lub npe yog _____,

I am/ Kuv yog:

- The Petitioner/ Tus Neeg Foob
- Peace Officer/ Tub Kws Tswj Kev Thaj Yeeb
- Other interested person named by the Court/ Lwm tus neeg muaj kev txaus siab nrog xaiv los ntawm lub Tsev Hais Plaub

I state that Respondent violated the following parts of the Order for Protection dated _____.
Kuv teev tias tus Neeg Raug Foob tau ua txhaum cov ntu ntawm Daim Ntawv Yuam Kev Tiv Thaiv teev hnub
(List the parts of the Order that Respondent violated.)
(Teev qhia cov ntu ntawm Daim Ntawv Yuam uas tus Neeg Raug Foob tau ua txhaum rau.)

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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.)

Tau muaj kev ua txhaum Daim Ntawv Yuam thaum tus Neeg Raug Foob ua cov yam ntxwv nram no (Piav qhia cov yam ntxwv kiag, nrog rau tshwm sim li cas, txuam nrog leej twg thiab kwv yees hnub. Xub teev qhov tshwm sim tom qab tshaj ua ntej. Muab ntxiv lwm cov nplooj ntawv yog tsim nyog.)

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:

(If you have asked to keep your address and/or phone number confidential, do not include it here.)
(Yog tias koj twb thov kom ceev zoo cia koj qhov chaw nyob/los sis xov tooj lawm, tsis txhob muab sau rau ntawm no.)

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

Address/ Chaw nyob:

City/State/Zip
Zos/Xeev/Zip:

Telephone/ Xov Tooj:

Email:
Chaw sau ntawv
E-mail: _____