

**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
Nooca Kiiska:

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

and/ iyo

**Affidavit for Filing Foreign  
Protective Order  
Markhaatikaca Xareynta Khuseysa Dibadda  
oo ah Amar Difaacid ah**

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

I/ Anigoo ah, \_\_\_\_\_, am the person filing a foreign protective order pursuant to Minn. Stat. § 518B.01, subd 19a/ qofka soo xareysanaya amarka difaacidda dibadda sida uu dhigayo Minn. Stat. § 518B.01, subd 19a)

I further state my belief that the foreign protective order filed with this affidavit is a valid order and has not been amended, rescinded, or superseded by any orders from a court of competent jurisdiction.

Waxa kale oo aan rumeysnahay in amarka difaacidda dibadeed uu jiro oo aan la beddelin, laga takhalusin, ama aan laga dabakeenin wax ah amarro kale oo ka yimid xeerxeyndaab sare.

*The information below assists with entry of foreign protective orders under Minn. Stat. 518B.01, subd. 19a. Please complete as much information as possible to ensure that the conditions intended by the issuing court are reflected in the Minnesota Court Information System and the correct information passes to law enforcement.*

*Machuumaadka hoose wuxuu caawinayaa marka la sameynayo amarro difaacid dibadeed sida uu dhigayo sharciga Minn. Stat. § 518B.01, subd. 19a) Fadlan ka jawaab wixii macluumaad macquul ah oo aad ku habsaneyso xaaladaha qasdiga maxkamadda soo saareysa in ay ka turjumeyso Habraaca Macluumaadka Maxkamadaha Minnesota iyo macluumaadka saxda ah ee loo gudbinayo ciidanka booliska.*

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

<b>Party / Protected Person Information</b> <b>Hal-dhinac / Macluumaadka Shakhsiga ah ee Xaafidan</b>	
<p><b>Petitioner/ Dacwoodaha</b></p> <p><input type="checkbox"/> check for confidential address/phone number calaamadi haddaad haysato cinwaan/taleefan qarsoon</p> <p>Name/ Magaca:</p> <p>Address/ Cinwaanka: <small>(If your address is confidential do not include it here) (Haddii uu cinwaankaagu yahay qarsoodi halkan ha ku qorin)</small></p> <p>Phone Number(s)/ Lambar(rada) taleefanka: <small>(If your phone number is confidential do not include it here) (Haddii uu taleefankaagu yahay qarsoodi halkan ha ku qorin)</small></p> <p>Date of Birth or age: Taariikhda Dhalashada ama da'da:</p> <p>Gender/ Jinsiga:</p> <p>Race/ Isirka:</p> <p>Petitioner is Protected Party? Dacwooduhu waa Qof la Difaacayo? <input type="checkbox"/> Yes/ Haa    <input type="checkbox"/> No/ Maya</p>	<p><b>Respondent/ Dacweysanaha</b></p> <p>Name/ Magaca:</p> <p>Address/ Cinwaanka:</p> <p>Phone Number(s)/ Lambar(rada) taleefanka:</p> <p>Date of Birth or age: Taariikhda Dhalashada ama da'da:</p> <p>Gender/ Jinsiga:</p> <p>Race/ Isirka:</p>
<p><b>Other Persons Protected by Order</b> <b>Dadka Kale ee Amarku Difaacayo</b></p> <p>Name/ Magacyadooda:</p> <p>DOB or age: Taariikhda Dhalashada ama da'da:</p> <p>Gender/ Jinsiga:</p> <p>Race/ Isirka:</p> <p>Name/ Magaca:</p> <p>Date of Birth or age:</p>	<p><b>Parties' Qualifying Relationship</b> <b>Waxay Isku Yihiin Labada-dhinac</b></p> <p><input type="checkbox"/> Married/ Xaas</p> <p><input type="checkbox"/> Divorced/ Dad furid ku jira</p> <p><input type="checkbox"/> Living Together/ Dad Wada-nool</p> <p><input type="checkbox"/> Lived Together/ Dad Wada-nool</p> <p><input type="checkbox"/> Have a Child Together Dad ay u joogaan ilmo</p> <p><input type="checkbox"/> Have Unborn Child Together Dad filaya ilma uur ugu jira oo aan weli dhalan</p>

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

<p>Taariikhda Dhalashada ama da'da:</p> <p>Gender/ Jinsiga:</p> <p>Race/ Isirka:</p> <p>(attach additional sheet with additional names and protected addresses if necessary)</p> <p>(ku soo lifaaq waraaq ah magacyada diyo cinwaanka dadka la difaacayo haddii aad u baahato)</p>	<p><input type="checkbox"/> Parent and Child/Waalid iyo Carruur</p> <p><input type="checkbox"/> Related by Blood/Dad ay ka Dhaxeyso Wada-dhalasho</p> <p><input type="checkbox"/> Significant Romantic or Sexual Relationship Jacayl Saa'id ah ama Xiriir Galmo</p>
--	---

<b>Information about the Order</b>	
<b>Macluumaad ku saabsan Amarka</b>	
Issuing Court/ Maxkamadda Bixineysa:	Issue Date/ Taariikhda Bixinta:
<b>Service Information</b>	Order Expiration Date:
<b>Macluumaadka Adeegga</b>	Taariikhda Amarku Dhacayo:
Serving Agency/ Xafiiska Qaabbilsan:	Type of Service/ Habka Gudbinta Waraaqaha:
Date Served/ Taariikhdiidii Gudbinta:	<input type="checkbox"/> In Person/ Inaan u tago <input type="checkbox"/> By Mail/ Boosto Ahaan <input type="checkbox"/> By Short Form/ Habka Dirista Foomka <input type="checkbox"/> By Publication/ Habka Daabacaadda

I understand that requests for modification, dismissal, or extension of the order must be addressed in the court that issued the original order.

Waxaan fahamsanahay in codsiyada beddelaadda, ka-haridda ama dheerreynta amarka ay tahay in looga hadlo maxkamaddii bixisay markii ugu horreysay.

I understand that I am responsible for filing any updates to this order, including service information and any order changes, dismissals, or extensions, etc., with the same county court administrator for entry into the Minnesota Court Information System. Not coming back to the same county court to file changes and update information may delay or prevent enforcement of this order.

Waxaan fahamsanahay in aan masuul ka ahay soo gudbinta wixii ku cusub amarka, sida macluumaadka adeegga iyo wixii kale ee amarka iska beddela, laga haray, ama la dheereeyey, iwm., iyadoo deegaanku isku mid u yahay maamulka maxkamadda si loo geliyo Habraaca Macluumaadka Maxkamadda Minnesota. Inaan lagu soo noqon maxkamad deegaan oo isku mid ah oo laga xareysto iyo in la cusbooneysiyo macluumaadka ayaa ka daahin karta ama ka hor istaagi karta hirgelinta amarka.

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

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

County and State Where Signed:

Name/ Magaca: \_\_\_\_\_

Deegaanka iyo gobolka saxiixa lagu sameeyey:

(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 qorin halkan.)

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

City/State/Zip: \_\_\_\_\_

Magaalada/Gobolka/Lambarka Boostada Xaafadda (Zip):

Telephone/ Taleefanka: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cinwaanka boostada intarnetka (email):