

THIS FORM MUST BE COMPLETED IN ENGLISH
လံာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပုၤလီၤအီၤလၢအဲၤကလံးကျိၣ်န့ၣ်လီၤ.

State of Minnesota

မံၣ်န့ၣ်စိထံၣ်ကီၢ်စဲၣ်

County
ခိးထံၣ်/ကီၢ်ရၣ်

District Court

ကီၢ်ရၣ်ဟံၣ်ကဝီၤကွီၣ်ဘျီၣ်

Judicial District:
တၢ်စံၣ်ညီၣ်ပိတုလီၤကဝီၤ-
Court File Number:
ကွီၣ်ဘျီၣ်လံာ်တြဲၣ်နီၣ်ဂံၢ်-
Case Type: Domestic Abuse
တၢ်ဂ့ၢ်အကလုာ်- ဟံၣ်ပူၤယံၤပူၤတၢ်စုဆူၣ်ခိၣ်တကး

In the Matter of:

လၢတၢ်ဂ့ၢ်အံၤဘၣ်ထွဲ-

Petitioner (first, middle, last)

ပုၤပတံၤသကွီၢ်ကညးထီၣ်တၢ် (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)

On behalf of:

လၢပုၤအခၢၣ်စး-

Other persons needing protection (first, middle, last)

ပုၤအဂၤလၢအလိၣ်ဘၣ်တၢ်ကဟုကယၢ် (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)

Petitioner's Affidavit and Petition
For Order for Protection

Minn. Stat. § 518B.01

ပုၤပတံၤသကွီၢ်ကညးထီၣ်တၢ်အလံာ်ဆိၣ်လီၤသးဒီးတၢ်ပတံၤသကွီၢ်
ကညးထီၣ်တၢ်လၢတၢ်ကလုာ်လၢတၢ်ကဟုကယၢ်အဂီၢ်
မံၣ်န့ၣ်စိထံၣ်ကီၢ်စဲၣ် Minn. Stat. § 518B.01

and for her/himself

ဒီးလၢအဝဲပိာ်မုၢ်/ပိာ်ခွါဒၣ်ဝဲအဂီၢ်

vs.

ခိဖျါ -

Respondent (first, middle, last)

ပုၤတူၢ်ကွီၢ် (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)

STATE OF MINNESOTA)

မံၣ်န့ၣ်စိထံၣ်ကီၢ်စဲၣ်

) SS

COUNTY OF _____)

ခိထံၣ်

(county where affidavit signed)

(ခိထံၣ်ဝဲတၢ်ဆဲးလီၤ လံာ်ဆိၣ်လီၤသး)

I, _____, state that:

မၤ, _____, ဟံၣ်ဖျါထီၣ်လၢ-

I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

မၤမ့ၢ်ပုၤပတံၤသကွီၢ်ကညးထီၣ်တၢ်မိ (ပုၤလၢအယုထီၣ်တၢ်ကလုာ်) လၢတၢ်ဟူးတၢ်ဂဲၤအံၤအပူၤန့ၣ်လီၤ. လံာ်ဆိၣ်လီၤသးအံၤ ဆိၣ်ထွဲယတၢ်ယု ထီၣ်လၢတၢ်ကလုာ်လၢတၢ်ကဟုကယၢ်အဂီၢ် (OFP) န့ၣ်လီၤ.(Minn. Stat. § 518B.01).

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1. Who needs protection?

၁. မတၢ်လိာ်ဘၣ်တၢ်ကဟုၤကယၢ်လဲၣ်.

- Me (Petitioner)
My minor child(ren)
A person for whom I am the legal guardian (attach Guardianship Order)
A minor child who is not my child, but is a family or household member of mine
Other:

2. Petitioner Information (You)

၂. ပုၤပတံၤထီၣ်တၢ်အဂ့ၢ်အကျိၤ (နၢ)

Name: (first, middle, last)
မံၤ - (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)

My address or phone is confidential. (Give the confidential information to court administration on a separate sheet of paper.)

My Address:
ယလိာ်အိၣ်ဆိးထံး-

City, State, Zip Code:
ဝုၢ်, ကိာ်စဲၣ်, စံး(ပ)နီၣ်ဂံၢ်-

Telephone: ()
လိာ်တံး ()

Race: (for federal reporting purposes)
ကလုာ်န့ၣ်- (လၢဖဲၣ်ဒၣ်ပၤပျီထီၣ်တၢ်ပညိၣ်တဖၣ်အဂီၢ်)

Gender: male female Date of birth: (month/day/year):
မုၢ်/ခွါ - ခွါ မုၢ် အိၣ်ဖျါမုၢ်နံၤ - (လၢ, သိ, နံၣ်) -

3. Email Notification of Service

၃. တၢ်ဘိးဘၣ်သ့ၣ်ညါဘၣ်ယးဒီးတၢ်မၤစၢၤခီဖျိအံၤမု(လ)

By providing my email address below, I am indicating that I want to be notified by email when the respondent is served with the OFP. I understand that this is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email. I understand that it will only be possible for the court to notify me by email when service information is received by the court. I understand that a technical or other error could occur preventing the successful delivery of the email, and that I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly. I understand I must provide a valid email address in order to receive this notification of service, and that THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:

Email address:
ခီဖျိယဟ့ၣ်လီၤ ယအံၤမု(လ)နီၣ်ဂံၢ်လၢလၢအံၤအဲၤအဲၤ, ယဟံၤပျီထီၣ်လၢ ယအဲၣ်ဒီးတၢ်ဒုးသ့ၣ်ညါယၢ်ခီဖျိအံၤမု(လ) ဖဲပုၤတူၢ်ကွီၣ်အံၤ ဘၣ်လူၤပိာ်မၤထွဲ OFP အခါန့ၣ်လီၤ. ယသ့ၣ်ညါန့ၣ်ပၤလၢ တၢ်အံၤမုၢ်ဖဲ အံၤမု(လ)ထဲတခါခါ လၢယကမၤန့ၢ်တၢ်လၢကွီၣ်အိၣ်ဘၣ်ယးဒီးOFP မုတမ့ၢ်ဘၣ်လၢ ယဆဲးလီၤမံၤလၢယကဒီးန့ၢ်ကွီၣ်အိၣ်ဘၣ်သ့ၣ်ညါအဂၤခီဖျိအံၤမု(လ)အယိဘၣ်န့ၣ်လီၤ. ယသ့ၣ်ညါန့ၣ်ပၤလၢ ဖဲဖိကဟ့ၣ်ပိညါအကျိၤအကျဲ မုတမ့ၢ် တၢ်ကမူၤကမၣ်အဂၤ ကဒီးသဒၢယာ် တၢ်ဆုၤလီၤအံၤမု(လ)ဆူယအိၣ်, ဒီးယအိၣ်ဒီးတၢ်ယုထၢအဂၤလၢ ယကမၤ

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လိာ်န့ၣ် OFP တၢ်မၤစၢၤလၢပုၤတူၢ်ကွီၣ်အဖီခိၣ်, ယုၣ်ဒီးတၢ်ဆဲးကျိးတၢ်ဒုးလူၤပိာ်မၤထွဲတၢ်သိၣ်တၢ်သီတၢ်ဘျၢသဲးလိာ်လိာ်န့ၣ်လိာ်. ယန့ၢ်ပၢၢ်လၢ ယကဘၣ်ဟ့ၣ်လိာ်အံၤမ့(လ)နီၣ်ဂံၢ်လၢအဖိးသဲးစး ဒ်သိးယကဒီးန့ၢ်ဘၣ်တၢ်ဘိးဘၣ်သ့ၣ်ညါလၢအဘၣ်ယးဒီးတၢ်မၤစၢၤအံၤ, ဒီးလၢအံၤမ့(လ) နီၣ်ဂံၢ်အံၤတၢ်ကဘၣ်ထံၣ်အိၤလၢပုၤတူၢ်ကွီၣ်န့ၣ်လိာ်-
အံၤမ့(လ)နီၣ်ဂံၢ်- _____

4. Respondent Information: (Person you want protection from)

၄. ပုၤတူၢ်ကွီၣ်အဂီၢ်အကျိၢ် - (ပုၤလၢနအဲၣ်ဒီးလၢ တၢ်ကဒိသဒၢလၢ အသုတမၤယုၣ်န့ၢ်)

Name: (first, middle, last) _____
မံၤ (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)

Address: _____
လိာ်အိၣ်ဆိးထံး

City, State, Zip Code _____
ပုၢ်, ကီၢ်ဖဲၣ်, စံး(ပ)နီၣ်ဂံၢ်-

Telephone: (_____) _____
လိာ်တဲစိ- (_____) _____

Race: _____ Gender: male female
ကလုာ်န့ၣ်- _____ မုၣ်/ခွါ- ခွါ မုၣ်

Date of birth: _____ If unknown, age or approximate age _____
month/day/year
အိၣ်ဖျါမုၢ်နီၣ် - _____ မုၢ်တသ့ၣ်ညါတခီ, သးန့ၣ် မ့တမ့ၢ် ဇးတယာ်သးန့ၣ် _____
လိာ်/သိ/သးန့ၣ်

If Respondent is under 18 years old, service must be made on Respondent and Respondent's parent or guardian. Parent or guardian name: _____
ပုၤတူၢ်ကွီၣ်တၢ်အသးမုၢ်အိၣ် ၁၈ န့ၣ်ဆူအဖီလၢန့ၣ်, တၢ်ကဘၣ်ဟ့ၣ်တၢ်မၤစၢၤဆူပုၤတူၢ်ကွီၣ် ဒီးပုၤတူၢ်ကွီၣ်အမိၢ်အပၢ် မ့တမ့ၢ် အပုၤကွၢ်ထွဲတၢ်အဂီၢ်န့ၣ်လိာ်. မိၢ်ပၢ် မ့တမ့ၢ် ပုၤကွၢ်ထွဲတၢ်အမံၤ- _____

Parent or guardian address: _____
မိၢ်ပၢ် မ့တမ့ၢ် ပုၤကွၢ်ထွဲတၢ်ဖိအလိာ်အိၣ်ဆိးထံး- _____

5. List all persons needing protection, other than you. None

၅. ကွဲးထၢန့ၣ်လိာ်ပုၤခဲလၢလၢအလိၣ်ဘၣ်တၢ်ကဟ့ၣ်ကယာ်, လၢတမ့ၢ်နီၣ်ကစၢ်ဘၣ်န့ၣ်တက့ၢ်. တအိၣ်

Name (first, middle, last) မံၤ (မံၤခိၣ်ထံး, မံၤခၢၣ်သး, မံၤကတၢၢ်)	Race စၢၤသ့ၣ်ကလုာ်န့ၣ်	Gender မုၣ်/ခွါ	Date of Birth အိၣ်ဖျါမုၢ်နီၣ်	Lives with you? အိၣ်ဒီးန့ၢ်မၤ.	How is this person related to you? ပုၤအံၤဘၣ်ထွဲဒီးန့ၢ်လဲၣ်.	How is this person related to Respondent? ပုၤအံၤဘၣ်ထွဲဒီးပုၤတူၢ်ကွီၣ်တၢ်လဲၣ်.
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ခွါ <input type="checkbox"/> မုၣ်		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> မုၢ် <input type="checkbox"/> တမ့ၢ်		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ခွါ <input type="checkbox"/> မုၣ်		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> မုၢ် <input type="checkbox"/> တမ့ၢ်		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ခွါ <input type="checkbox"/> မုၣ်		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> မုၢ်		

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Lived together from ____/____/____ to ____/____/____
အိၣ်ဆိးတၢ်တပူၤယိးစးထီၣ်လၢ ____/____/____ ဆူ ____/____/____

Have a child together
အဖိအိၣ်တပူၤယိး

Have an unborn child together
အိၣ်ဒီးဖိလၢတအိၣ်ဖျၢၣ်ထီၣ်ဒီးဘၣ်တပူၤယိး

Parent/Child
မိၢ်ဖၢ/ဖိ

Related by blood
ဒီးဘူးဒီးတံၢ်လၢသ့ၣ်ထံ

Significant romantic or sexual relationship.
တၢ်အိၣ်ဒီးမၤဖိသၣ်တဖိသၣ် (အိၣ်ဘၢမၤဝၢ) မ့တမ့ၢ် တၢ်အိၣ်ဒီးမ့ၣ်ခွါသ့ၣ်ထံးတၢ်ရူၤလိာ်မ့ၣ်လိာ်န့ၣ်လီၤ.

The relationship lasted from (date): _____ until _____
How often did you have contact with Respondent during that time? _____

တၢ်ရူၤလိာ်မ့ၣ်လိာ်ယံာ်ဝဲ စးထီၣ်လၢ (မ့ၢ်နံၤ) - _____ တုၤလၢ _____
နဆဲးကျိးအဒီးပုၤတုၤကွီၣ်ဖဲအကတီၢ်ဝဲန့ၣ်ညီန့ၣ်ပုၤဘျီလဲၣ်. _____

9. Is there an Order for Protection in effect now between you (or anyone else listed at #5) and Respondent? Yes No

၉. မ့ၢ်တၢ်ကလုာ်လၢတၢ်ကဟုၤကယၢ်အဂီၢ်န့ၣ် တၢ်စးထီၣ်မၤအီၤအဖဲအံၤလီၤတၢ်လီၤဆဲး လၢနၤ (မ့တမ့ၢ် ပုၤအဂၤတဂၤလၢတၢ်ကွဲးလီၤအမံၤ ဝဲ #၅) ဒီးပုၤတုၤကွီၣ်တၢ်အဘၣ်စၢၤမၤ. မ့ၢ် တမ့ၢ်

If yes, when does the Order expire? _____
မ့မ့ၢ်န့ၣ်, တၢ်ကလုာ်အမ့ၢ်နံၤမ့ၢ်သီကလၢကွံာ်အခါဖဲလဲၣ်. _____

In what County and State was the Order made? _____
တၢ်ကလုာ်န့ၣ်တၢ်မၤအီၤဖဲခိးထံၣ်မနုၤဒီးကီၢ်ဖဲၣ်မနုၤတဘျီအပူၤလဲၣ်. _____

What is the Court Case Number? _____
ကွီၢ်ဘျီၣ်အတၢ်ဂ့ၢ်နီၣ်ဂံၢ်န့ၣ်မ့ၢ်မနုၤလဲၣ်. _____

The Order requires (name) _____ to stay away from (names) _____

တၢ်ကလုာ်လိာ်ဘၣ် (မံၤတဖၣ်) _____ လၢကအိၣ်ယံၤယံၤဒီး (မံၤတဖၣ်) _____

10. Orders for Protection no longer in effect:

၁၀. တၢ်ကလုာ်လၢတၢ်ကဟုၤကယၢ်အဂီၢ် လၢတမၤလၢတၢ်-
Have you, or any of the people listed at #5, had an Order for Protection against Respondent in the past? Yes No (If no, skip to #11.)

မ့ၢ်နၤ, မ့တမ့ၢ် ပုၤတဂၤလၢလၢနကွဲးရဲၣ်လီၤအမံၤဝဲ #၅ န့ၣ်, အိၣ်ဒီး တၢ်ကလုာ်လၢတၢ်ကဟုၤကယၢ်အဂီၢ် လၢအထီၣ်ဒါပုၤတုၤကွီၣ်လၢအပူၤကွံာ်ခါ. မ့ၢ် တမ့ၢ် (မ့တမ့ၢ်န့ၣ်, ခိကဟ်ဆူ #၁၁)

If yes, how many? _____ (If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)
မ့မ့ၢ်တခါ, ထဲလဲၣ်. _____ (တၢ်ကလုာ်တစီၢ်တလီၢ်အမ့ၢ်နံၤမ့ၢ်သီမ့ၢ်လၢကွံာ် မ့ၢ်လၢ တၢ်ဒုးလူၤပိာ်မၤထွဲ တၢ်သိၣ်တၢ်သီတၢ်ဘျၢသဲးမၤစၢၤဝဲ ပုၤတုၤကွီၣ်ဒီး OFP မ့ၢ်တသ့တခါ, တလိၣ်နကွဲးထၢန့ၣ်ရဲၣ်လီၤအီၤဖဲအံၤဘၣ်.)

Provide the following details:
ဟ့ၣ်လီၤတၢ်ဂ့ၢ်တၢ်ကျိၣ်လီၤတၢ်လီၤဆဲးလၢလၢ-

Table with 2 columns: Court File Number, if known (ကွီၢ်ဘျီၣ်လံာ်တြဲၣ်အနီၣ်ဂံၢ်, မ့ၢ်သ့ၣ်ညါ) and County and State (ခိထံၣ်ဒီးကီၢ်ဖဲၣ်)

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လိာ်ကွီာ်ဒီးအံာ်တၢ်ကဘၣ်မၤပုၤလီၤအိၤလၢအဲကလံးကျိာ်န့ၣ်လီၤ.

11. Now, or in the past, have you (or other persons at #5) and Respondent been jointly involved in **other family court, domestic abuse criminal cases, or harassment restraining order cases?** Yes No

၁၁. အဲအံၤ, မ့တမ့ၢ် လၢအပူၤကွီာ်, နၤ (မ့တမ့ၢ် ပုၤအဂၤတဂၤဂၤ #၅) ဒီးပုၤတူၢ်ကွီာ် ပၣ်ယုာ်တပူၤယိၤလၢ **ဟံၣ်ဖိဃီဖိကွီာ်ဘျီအဂၤ, တၢ်မၤကမၣ်သဲစးတၢ်စုဆူၣ်နီၣ်တကးလၢဟံၣ်ပူၤယိၤပူၤအတၢ်ဂ့ၢ်တဖၣ်, မ့တမ့ၢ် တၢ်မၤအုန့ၣ်မၤတံာ်တြီယာ်တၢ်ကလုာ်တၢ်ဂ့ၢ်တဖၣ်အပူၤခါ.** မ့ၢ် တမ့ၢ်

Check the box if you and Respondent have a current or closed Court Case of this type:
 နၤ မ့တမ့ၢ် ပုၤတူၢ်ကွီာ် မ့ၢ်အိၣ်ဒီး အဲအံၤ မ့တမ့ၢ် ကးတံာ်ကွီာ် ကွီာ်ဘျီအတၢ်ဂ့ၢ်အကလုာ်ဒ်အံၤန့ၣ်, မၤနီၣ်လီၤတလၢ -

- Divorce Custody Paternity Child Support Child Protection
 ထူးလီၤဖုၣ်သး လီၤတၢ်ဒုးယာ် တၢ်ကဲဟ် တၢ်မၤစၢၤအိၣ်ထွဲဖိသၣ် တၢ်ကဟ့ကယာ်ဖိသၣ်
- Domestic Abuse criminal charges Domestic Abuse criminal conviction
 တၢ်မၤကမၣ်သဲစးလၢတၢ်မၤတရီတပါတန့ၣ် တၢ်ဟံးဂ့ၢ်ဖိခဲၣ်ညီၣ်တဲာ်တၢ်မၤတရီတပါလၢဟံၣ်ပူၤယိၤပူၤ
- Harassment Restraining Order
 တၢ်မၤအုန့ၣ်မၤတံာ်တြီယာ်တၢ်ကလုာ်

For each box checked, provide the following case information, if known:
 တၢ်နီၣ်လၢတလၢတဖျၢၣ်စ့ၣ်အဂီၢ်, နမ့ၢ်သ့ၣ်ညါ ဟ့ၣ်လီၤတၢ်ဂ့ၢ်အဂ့ၢ်အကျိၤလၢလၢာ်

Case Type တၢ်ဂ့ၢ်အကလုာ်	Case Number တၢ်ဂ့ၢ်အနီၣ်ဂံၢ်	State/County ကီၢ်ဖဲၣ်/ခိထံၣ်ဟီၣ်ကစီၤ	Year Filed န့ၣ်လၢတၢ်ဆှံးထီၣ်တၢ်ဂ့ၢ်	Names of Children involved ဖိသၣ်လၢအပၣ်ယုာ်အမံၤတဖၣ်

12. Why do you (or the persons listed at #5) need an Order for Protection?

၁၂. ဘၣ်မနုၤအယိ (မ့တမ့ၢ် ပုၤလၢတၢ်ကွဲးထၢန့ၣ်လီၤအမံၤဖဲ #၅) လိာ်ဘၣ်တၢ်ကလုာ်လၢတၢ်ကဒိသဒါအဂီၢ်ခါ.

Describe the abuse by answering the questions below. If there are several dates, use the *Description of Abuse Attachment* to describe what happened on the other dates.
 ဟံၣ်ဖျါထီၣ် တၢ်မၤတရီတပါ ခိဖျါစံးအာတၢ်သံကွၢ်လၢလၢာ်တဖၣ်န့ၣ်တက့ၢ်. မ့ၢ်အိၣ်တဘျုးသိန့ၣ်, စူးကါ တၢ်ဒုးန့ၣ်ပာ်ဖျါထီၣ်တၢ်မၤတရီတပါတၢ်ဘျုးစဲ (*Description of Abuse Attachment*) လၢကဟံၣ်ဖျါထီၣ်တၢ်လၢအကဲထီၣ်အသး ဖဲမ့ၢ်န့ၣ်မ့ၢ်သိအဂၤတဖၣ်အဖိခိၣ်န့ၣ်လီၤ.

Date of most recent abuse: _____
 တၢ်မၤတရီတပါမ့ၢ်န့ၣ်လၢခံကတၢ်-

Who was there: _____
 မတၢ်အိၣ်ဖဲန့ၣ်လဲၣ်-

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

ဟံၣ်ဖျါထီၣ် မ့ၢ်ပုၤတူၢ်ကွီာ်တၢ် (မ့တမ့ၢ် ပုၤအဂၤတဖၣ် ဖဲ #၅) မၤဆူးမၤဆါနၤလၢနီၣ်ခိတကပၤဒ်လဲၣ် မ့တမ့ၢ် မၤပျံၤမၤဖူးနၤဒ်လဲၣ်. နမ့ၢ်ဘၣ်ဒိန့ၣ်, ဟံၣ်ဖျါထီၣ်တၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်စ့ၢ်ကီးန့ၣ်တက့ၢ်. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received.
 မ့ၢ်အဒိးန့ၢ်ဘၣ်ကသံၣ်ကသီတက့ၢ်စါယါဘျါလၢတၢ်ဘၣ်ဒိဘၣ်ထံးတမံၤလၢလၢအဂီၢ်စ့ၢ်ကီးကီးခါ. မ့ၢ် တမ့ၢ်

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လိာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပုၤလိာ်အိၤလၢအဲၤကလံးကျိၣ်န့ၣ်လိာ်.

မ့ၢ်တမ့ၢ်, ကွဲးလိာ်မ့ၢ်နံၤမ့ၢ်သိဒီးတၢ်လိာ်တၢ်ကျဲတဖၣ်ဖဲနဒီးန့ၢ်ကသံၣ်ကသိတၢ်ကူၤစါယါဘျါတက့ၢ်. _____

Describe any use or threatened use of guns or other weapons:

ဟံၣ်ဖျါထီၣ်တၢ်စူးကါတၢ်တမံၤလၢလၢ မ့တမ့ၢ် စူးကါကျိၣ်ဒီးမၤပျံၤမၤဖုးတၢ် မ့တမ့ၢ် စုကဲၤအဂၤ- _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

ဖဲတၢ်ကဲထီၣ်သးအကတီၢ်, မ့ၢ်ပုၤတူၢ်ကွီၣ်တၢ်ဘၣ်တၢ်န့ၣ်လိာ်မၤတၢ်တၢ်အိၤဒီး ၉၁၁ မ့တမ့ၢ် တၢ်ကိးဂ့ၢ်ဂီၢ်အူလိတဲစိစါ. မ့ၢ် တမ့ၢ်

Describe the interference: _____

ဟံၣ်ဖျါထီၣ်တၢ်န့ၣ်လိာ်မၤတၢ်တၢ်

Did the police/sheriff come? Yes No If Yes, list dates and other details.

ပၤကီၢ်/ပၤကီၢ်ခိၣ်တဲစါ. ယဲ တယဲ မ့ၢ်ဖဲန့ၣ်, ကွဲးဖျါထီၣ်မ့ၢ်နံၤမ့ၢ်သိဒီးတၢ်ဂ့ၢ်အဂၤလိာ်တၢ်လိာ်ဆဲးတက့ၢ်. _____

13. (Optional) If there is a history of abuse by Respondent against persons at #5, in addition to the recent incidents, you may briefly explain the history here:

၁၃. (တၢ်ယုထၢ) မ့ၢ်ပုၤတူၢ်ကွီၣ်အိၣ်တၢ်ဒီး တၢ်စံၣ်စိၤလၢအမၤတရီၤတပါတ့ၢ် ပုၤတဖၣ် ဖဲ #၅ န့ၣ်, ဘၣ်ယးဒီးတၢ်လၢအကဲထီၣ်တ့ၢ်သးဖဲအပူၤ ကွီၣ်န့ၣ်, နတဲန့ၢ်ပၢ်ဖုၣ်ကိၣ်ဘၣ်ယးဒီး တၢ်လၢအကဲထီၣ်တ့ၢ်အသးတဖၣ်ဖဲအံၤ - _____

14. Do you believe that the domestic violence will continue and that you or other persons at #5 are in immediate danger? Yes No Why?_

၁၄. မ့ၢ်န့ၣ်လၢ တၢ်မၤတရီၤတပါလၢဟံၣ်ပူၤမိပူၤ ကဆဲးမၤအသးဒီးန့ၢ် မ့တမ့ၢ် ပုၤအဂၤတဖၣ်ဖဲ , အပူၤလၢကဒုးအိၣ်ထီၣ်တၢ်လိာ်ဘၣ်ယိၣ်တဖၣ် စါ. နံၤ တနံၤ ဘၣ်မနုၤအယိလဲၣ်. _____

15. Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

၁၅. မ့ၢ်ပုၤတူၢ်ကွီၣ်တၢ် မၤတၢ် မ့တမ့ၢ် ထီၣ်ကွီၣ် ဖဲတၢ်လိာ်တတီၤယီ ဖဲပုၤပတံထီၣ်တၢ်သကွံၢ်ညးဖိ မ့တမ့ၢ် ပုၤလၢတၢ်ကဟုကယၢ်အိၤအဂၤတဂၤစါ. မ့ၢ် တမ့ၢ်

REQUESTS FOR RELIEF

တၢ်ယုထီၣ်တၢ်လၢတၢ်မၤစၢၤမၤကိညၢ်ထီၣ်က့ၢ်တၢ်အဂီၢ်

16. Relief that does not require a hearing:

I ask the court to order the things I checked below in (a) through (k). I understand that requesting these things does not require a hearing to be held.

၁၆. တၢ်မၤစၢၤမၤကိညၢ်ထီၣ်တၢ်လၢတလိၣ်ကွီၣ်ဘျိၣ်အတၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတဲာ်တၢ်- ယယုကွီၣ်ဘျိၣ်လၢကနဲၣ်လိာ်တၢ်သ့ၣ်တဖၣ်အံၤလၢယတံးနီၣ်လိာ်ဖဲလၢအံၤ လၢ (က) တုၤလၢ (ထ) န့ၣ်လိာ်. ယန့ၢ်ပၢ်လၢတၢ်ယုထီၣ်တၢ်သ့ၣ် တဖၣ်အံၤတလိၣ်လၢတၢ်ကရဲၣ်ကျဲၤမၤကွီၣ်ဘျိၣ်အတၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတဲာ်တၢ်ဘၣ်.

I understand that if the court issues an Ex Parte Order, the judge may set a hearing and/or the Respondent may request a hearing.

ယန့ၢ်ပၢ်လၢ ကွီၣ်ဘျိၣ်မ့ၢ်ထုးထီၣ်ဟ့ၣ်လိာ် တၢ်စံၣ်ညိၣ်လိာ်လၢပုၤတဖုအဂီၢ် (Ex Parte) တၢ်ကလုာ်န့ၣ်, စံၣ်ညိၣ်လိာ်ကဟံၣ်လိာ်တၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတဲာ်တၢ် ဒီး/မ့တမ့ၢ် ပုၤတူၢ်ကွီၣ်ကယုထီၣ်တၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတဲာ်တၢ်န့ၣ်လိာ်.

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကွီာ်ဒိအံာ်တၢ်ကဘၣ်မၤပုၤလိာ်အိၤလၢအဲကလံးကျိာ်န့ၣ်လိာ်.

I understand that if the court does not issue an Ex Parte Order, the judge may dismiss the matter, or may set a hearing, unless I do not want a hearing (indicate by checking the box below).

ယနၢ်ပၢ်လၢ ကွီာ်ဘျီာ်မ့ၢ်တထုးထီၣ်ဟ့ၣ်လိာ် တၢ်စံၣ်ညိၣ်လိာ်လၢပုၤတဖုအဂီၢ် (Ex Parte) တၢ်ကလုာ်န့ၣ်, စံၣ်ညိၣ်ကွီာ် ကဆိကတီၢ်တၢ်ဂ့ၢ်အံၤ, မ့တမ့ၢ် ကပာ်လိာ်တၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတၢ်တၢ်, မ့တမ့ၢ်ဘၣ်လၢယတအဲဒိးတၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတၢ်တၢ် (ဒုးန့ၣ်ဟံၣ်ဖျါအိၤခိဖျါတၢ်တိၤနီၣ်လိာ်တၢ်ဒၢလၢလၢအံၤတက့ၢ်.)

I DO NOT want a hearing. If the court does not issue an Ex Parte Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings.

ယတအဲဒိး တၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတၢ်တၢ်ဘၣ်. ယနၢ်ပၢ်လၢ ကွီာ်ဘျီာ်မ့ၢ်တထုးထီၣ်ဟ့ၣ်လိာ် တၢ်စံၣ်ညိၣ်လိာ်လၢပုၤတဖုအဂီၢ် (Ex Parte) န့ၣ်, ယယုလၢတၢ်တသုးကျဲၤမၤတၢ်စံၣ်ညိၣ်ဒိကန့ၣ်ဆၢတၢ်တၢ်ဘၣ်ဒိးတၢ်ကဆိကတီၢ်ကွီာ်တၢ်ဂ့ၢ်န့ၣ်လိာ်. ယနၢ်ပၢ်လၢတၢ်အံၤအခိပညိမ့ၢ်ဝဲ တၢ်တထုးထီၣ်ဟ့ၣ်လိာ်တၢ်ကလုာ်ဒိးတၢ်တဆဲးမၤအိၤဆူညါလၢဘၣ်န့ၣ်လိာ်.

Based on this affidavit, I am asking the court to make the following orders:

ဒီးသန့ၤထီၣ်သးလၢ လိာ်ဆိၣ်လိာ်သးအံၤအဖီခိၣ်, ယယုထီၣ်ကွီာ်ဘျီာ်လၢ ကမၤန့ၢ်ယၤတၢ်ကလုာ်လၢလၢတဖၣ်အံၤအဂီၢ် -

- a. Issue an Ex Parte Order for Protection to protect me all persons listed at #5. (These are the protected persons.)
- က. ထုးထီၣ်ဟ့ၣ်လိာ် တၢ်စံၣ်ညိၣ်လိာ်လၢပုၤတဖုအဂီၢ် (Ex Parte) တၢ်ကလုာ်လၢတၢ်ကဟ့ကယာ်အဂီၢ် လၢကဒိသဒၢ ယၤ ပုၤလၢတၢ်ကွဲးလိာ်ဟံၣ်ဖျါအမံၤဖဲ #၅ န့ၣ် လိာ်. (တၢ်သ့ၣ်တဖၣ်အံၤမ့ၢ်ဝဲပုၤလၢတၢ်ကဟ့ကယာ်အိၤန့ၣ်လိာ်.)
- b. Restrain and enjoin Respondent from causing *the protected person(s)* any physical harm, or fear of immediate physical harm.
- ခ. တြိဒိးမၤလိာ်ပိာ်လိာ် ပုၤတူၢ်ကွီာ်တၢ်လၢအကမၤဆူးမၤဆါ, မ့တမ့ၢ် မၤပျံၤမၤဖုလၢကမၤဆူးမၤဆါ အဟံၣ်ဖိယိဖိ လၢအမ့ၢ်ပုၤလၢဘၣ် တၢ်ကဟ့ကယာ်အိၤ(တဖၣ်) လၢနီၢ်ခိနီၢ်ခိတကပၤန့ၣ်လိာ်.
- c. Order Respondent to have no contact with *the protected person(s)* whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:
- ဂ. ဟ့ၣ်လိာ်တၢ်ကလုာ်ဆူပုၤတူၢ်ကွီာ်လၢ သုတဆဲးကျဲးဒီး ပုၤလၢဘၣ်တၢ်ကဟ့ကယာ်အိၤ(တဖၣ်) လၢနီၢ်ကစၢ်မ့ၢ်ဂ့ၢ်, ဒီး မ့တမ့ၢ် ခိဖျါပုၤအဂၢမ့ၢ်ဂ့ၢ်, ခိဖျါလိာ်ခိမ့ၢ်ဂ့ၢ်, လၢတၢ်ဆုၤလၢဆုၤလၢမ့ၢ်ဂ့ၢ်, လၢအံၤမု(လ)မ့ၢ်ဂ့ၢ်, ခိဖျါဖဲးဖိကဟ့ၣ်အပိးအလိမ့ၢ်ဂ့ၢ်, လၢပုၤတဝါမံၤဒယၢ်မ့ၢ်ဂ့ၢ်, ခိဖျါပုၤသၢ (ဂၤ, ကရူၢ်, ဖု) မ့ၢ်ဂ့ၢ်, မ့တမ့ၢ် လၢတၢ်ဂ့ၢ်အဂၢတမံၤမံၤအယိမ့ၢ်ဂ့ၢ်, တလၢကွီာ်ဒိအပိာ်ထွဲလၢလၢတဖၣ်အံၤ, -

d. Exclude Respondent from:

ဃ. တြိပုၤတူၢ်ကွီာ်လၢ-

i. My home or the home Respondent and I share.

၁. ယဟံၣ် မ့တမ့ၢ် ဟံၣ်လၢပုၤတူၢ်ကွီာ်ဒိးယၤနီၤလိာ်သကိးသး

My address is confidential OR

ယလိာ်အိၣ်ဆိးထံးန့ၣ်မ့ၢ်တၢ်ဂ့ၣ် မ့တမ့ၢ်

My home address is:

ယဟံၣ်အလိာ်အိၣ်ဆိးထံးမ့ၢ်ဝဲ- _____

And a reasonable area surrounding my home, specifically as follows:

ဒီးတၢ်လိာ်ကဝိၤလၢအအိၣ်လၢယဟံၣ်ခိၣ်ယိယၤဝးဝးလၢအကြဲးဝဲ, လိာ်ဆိၣ်တၢ်ဒိအပိာ်ထွဲထီၣ်အသိး - _____

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကွီာ်ဒီးအံာ်တၢ်ကဘၣ်မၤပုၤလီၤအီၤလၢအဲၤကလံးကျိာ်န့ၣ်လီၤ.

Except as follows:

တလၢကွီာ်ဒီးအပိာ်ထွဲထီၣ်အသိး - _____

ii. The home of _____ (protected person(s)).
j. (ပုၤလၢဘၣ်တၢ်ကဟုာ်ကယၢ်အီၤ(တဖၣ်) _____ အဟံၣ်

The address is confidential OR

ယလီၤအိၣ်ဆိးထံးန့ၣ်မ့ၢ်တၢ်ရူၤသ့ၣ် မ့တမ့ၢ်

The home address is:

ယဟံၣ်အလီၤအိၣ်ဆိးထံးမ့ၢ်ဝဲ - _____

And a reasonable area surrounding this home, specifically as follows:

ဒီးတၢ်လီၤကဝီၤလၢအအိၣ်လၢယဟံၣ်ခိၣ်ဃီယၢၤဝးဝးလၢအကြၢးဝဲ, လီၤဆိခဲၣ်တၢ်ဒ်အပိာ်ထွဲထီၣ်အသိး - _____

Except as follows:

တလၢကွီာ်ဒီးအပိာ်ထွဲထီၣ်အသိး - _____

e. Restrain Respondent from calling or entering Petitioner's _____'s
workplace including all land, parking lots and buildings at:

c. တြိပုၤတူၢ်ကွီာ်ဖိလၢ ကကိး မ့တမ့ၢ် လဲၤန့ၣ်လီၤအူ ပုၤပတံထီၣ်တဖိ _____ အတၢ်မၤလီၤယုာ်ဒီးအ
ဟံၣ်ခိၣ်လီၤ, တၢ်ပတုာ်သိလုာ်အလီၤဒီးတၢ်သ့ၣ်ထီၣ်တဖၣ်ဝဲ -

Employer Name:

တၢ်မၤကစၢ်အမံၤ - _____

Address:

Street, City, State

လီၤအိၣ်ဆိးထံး - _____

ကျဲနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows:

တလၢကွီာ်ဒီးအပိာ်ထွဲထီၣ်အသိး - _____

f. Restrain Respondent from entering _____ at
the following address:

Street, City, State

o. တြိပုၤတူၢ်ကွီာ်ဖိလၢ ကလဲၤန့ၣ်လီၤ _____ ဝဲ

ကျဲနီၣ်ဂံၢ်, ဝုၢ်, ကီၢ်စဲၣ်

Except as follows:

တလၢကွီာ်ဒီးအပိာ်ထွဲထီၣ်အသိး - _____

g. Order Respondent to continue all currently available insurance coverage without
change in coverage or beneficiaries.

ဆ. ဟ့ၣ်လီၤတၢ်ကလုာ်အူ ပုၤတူၢ်ကွီာ် လၢကဆဲးမၤတၢ်ကျၢၢ်ဘၢတၢ်အုၣ်ကီၤလၢအအိၣ်ခဲအံၤတဖၣ် လၢတအိၣ်ဒီးတၢ်ဆိတလဲလၢ တၢ်
ကျၢၢ်ဘၢတၢ် မ့တမ့ၢ် တၢ်န့ၢ်ဘျးအပူၤဘၣ်န့ၣ်လီၤ.

h. Order the possession and care of a pet or companion animal as follows:

ရှ. ဟ့ၣ်လီၤတၢ်ကလုာ်လၢ ကန့ၢ်ပၤဘၣ်တၢ်ဒီး အံးထွဲကွၢ်ထွဲ ဆဲၣ်ဖိကီၢ်ဖိလၢပုၤဘုၣ်ကွၢ်ကီၤအီၤ မ့တမ့ၢ် ဆဲၣ်ဖိကီၢ်ဖိလၢအလူၤကွၢ်ထွဲပုၤ
ကညိၣ်ပိာ်ထွဲထီၣ်အသိး: _____

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပုၤလီၤအိၤလၢအကလံးကျိၣ်န့ၣ်လီၤ.

i. Order Respondent to refrain from physically abusing or injuring any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.

ည. ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူပုၤတူၢ်ကွီၣ်ဒီးအိၣ်လၢ ကပၤအသးလၢ တၢ်မၤတရီၤတပၤ မ့တမ့ၢ် တၢ်မၤဘၣ်ဒီးဘၣ်ထံး ဆၣ်ဖိကီၢ်ဖိလၢပုၤဘၣ်ကွီၣ်ကိ အိၤ မ့တမ့ၢ် ဆၣ်ဖိကီၢ်ဖိလၢအလူၤကွီၣ်ထွဲပုၤကညီ လၢနီၢ်ခိကွီၣ်ဂီၤတကပၤ, လၢတအိၣ်ဒီး တၢ်ထံးတုၤသးဖိးသဲစး, သ့ၣ်ညါလၢမ့ၢ်အကစၢ်ဒၣ်စဲအတၢ်, ပၤဘၣ်တၢ်, ဟံၤဃာ်, မ့တမ့ၢ် ဖိၣ်ဃာ်အိၤလၢ ပုၤအဖုအကရၢ မ့တမ့ၢ် ပုၤဖိသၣ်လၢအသးအိၣ် ၁၈ နံၣ်ဆူအဖိလၢ လၢအအိၣ်ဆိးလၢ တၢ်အိၣ်ဆိးလိာ်ကျဲအပူၤ မ့တမ့ၢ် ဟံၣ်ဖိသိဖိအပုၤဖုအကရၢ ဒ်လၢတၢ်ကူၣ်တရံးအကျဲအသိး မၤပျံၤမၤဖုး ပုၤဒ်န့ၣ်အသိး တဖၣ်န့ၣ်လီၤ.

j. Direct local law enforcement to provide the following assistance:
က. န့ၣ်လီၤလိာ်ကဝီၤတၢ်ဒုးလူၤပိာ်မၤထွဲတၢ်သိၣ်တၢ်သီလၢကဟ့ၣ်လီၤတၢ်တိစၢၤမၤစၢၤလၢအပိာ်ထွဲထီၣ်ဖၣ်အံၤ- _____

k. Other:
ဆ. အဂၤ - _____

17. Relief that requires a hearing

၁၇. တၢ်မၤစၢၤမၤကိညါထီၣ်တၢ်လၢအလိာ်ဘၣ် ကွီၣ်ဘျီၣ်အတၢ်စံၣ်ညီၣ်ဒီးကနၣ်ဆၢတံာ်တၢ်

In addition to the orders requested above, I ask the court to order the following things. I understand that if I request any of the following things, a hearing must be held.

တၢ်ယုထီၣ်တၢ်ကလုာ်တဖၣ်လၢထးအဖိခိၣ်တကးဒီးဘၣ်အစဲၣ်ညါ, ယယုထီၣ်ကွီၣ်ဘျီၣ်လၢကဟ့ၣ်လီၤတၢ်ကလုာ်လၢတၢ်လၢအပိာ်ထွဲထီၣ်တၢ်တဖၣ်အံၤန့ၣ်လီၤ. ယနၢ်ပၢၢ်လၢယမ့ၢ်ယုထီၣ်တၢ်လၢအပိာ်ထွဲထီၣ်တဖၣ်အံၤတမံၤလၢလၢန့ၣ်, တၢ်ကဘၣ်ရဲၣ်ကျဲမၤကွီၣ်ဘျီၣ်တၢ်စံၣ်ညီၣ်ဒီးကနၣ်ဆၢတံာ်န့ၣ်လီၤ.

a. Grant me temporary custody of the joint minor child(ren) subject to parenting time for the Respondent as detailed at #18. (Fill out #18)

က. အၢၣ်လီၤဟ့ၣ်ယၢအခွဲးလၢ တၢ်ဘၣ်ကွီၣ်ထွဲသကိး ဖိသၣ်(တဖၣ်)လၢအသးအိၣ်တဆံးယိးနံၣ်ဆူအဖိလၢ လၢပုၤတူၢ်ကွီၣ်ဖိအဂီၢ် ကွီၣ်တၢ်ဂ့ၢ် တၢ်ကျိၣ်လီၤတၢ်လီၤဆဲးဖဲ #၁၈ (မၤပုၤ #၁၈)

b. Order Respondent to pay a reasonable amount of money for the support of our joint minor child(ren). (Fill out #19)

ခ. ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူ ပုၤတူၢ်ကွီၣ်ဖိအအိၣ် လၢကဟ့ၣ်စုအနီၣ်ဂံၢ်နီၣ်ဒုးဟံၣ်ဖိၣ်လၢအကြးအဘၣ် လၢကဆိၣ်ထွဲ ပ ပုၤဖိသၣ်(တဖၣ်) အသးအိၣ် ၁၈ နံၣ်ဆူအဖိလၢလၢပကွၢ်ထွဲသကိးအိၤန့ၣ်လီၤ. (မၤလၢပုၤ #၁၉)

c. Order Respondent to pay a reasonable amount of money to me for my living expenses (Fill out #19)

ဂ. ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူ ပုၤတူၢ်ကွီၣ်ဖိအအိၣ် လၢကဟ့ၣ်စုအနီၣ်ဂံၢ်နီၣ်ဒုးဟံၣ်ဖိၣ်လၢအကြးအဘၣ်ဆူယအိၣ် လၢယတၢ်လုာ်အိၣ်သးသမူတၢ်လၢာ်ဘျီၣ်လၢာ်စုတဖၣ်န့ၣ်လီၤ. (မၤပုၤ #၁၉)

d. Award me temporary use and possession of personal property (describe the property):
ဃ. စံၣ်ညီၣ်တံာ်န့ၣ်ယၢလၢ ယကစုးကါနီၢ်ကစၢ်တရုလီၢ်ခိၣ်ခိၣ်တစိာ်တလီၢ်ဒီးပၤဘၣ်အိၤတစိာ်တလီၢ်န့ၣ်တက့ၢ်. (ဟံၣ်ဖျါထီၣ်တၢ်စုလီၢ်ခိၣ်ခိၣ်)-

e. Restrain respondent from disposing of or destroying the following property:
င. တြီ ပုၤတူၢ်ကွီၣ်ဖိအဂီၢ်လၢ ကမၤဟးဂီၤကွံာ် မ့တမ့ၢ် တၢ်မၤကွံာ် တၢ်စုလီၢ်ခိၣ်ခိၣ်ပိာ်ထွဲထီၣ်တဖၣ်အံၤ - _____

f. Order Respondent to pay me restitution in the amount of \$_____ (Fill out #20)

စ. ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူ ပုၤတူၢ်ကွီၣ်ဖိအအိၣ်လၢ ကဟ့ၣ်ယၢ တၢ်ဟ့ၣ်စုအိၣ်လိးအပူၤခဲလၢဟံၣ်ဖိၣ် \$_____ န့ၣ်တက့ၢ်. (မၤပုၤ #၂၀)

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပုၤလိာ်အိၤလၢအကလံးကျိၣ်န့ၣ်လီၤ.

g. Order Respondent to attend counseling, treatment, or other social services as follows:
ဆ. ဟ့ၣ်လီၤတၢ်ကလုာ်ဆူ ပုၤတူၢ်ကွီၣ်တၢ်ဖိ လၢကထီၣ်တၢ်ကူၣ်လိာ်တဲသကိး, တၢ်ကူၣ်စါယါဘျါ, မ့တမ့ၢ် ပုၤဂ့ၢ်ဝိတၢ်မၤစၢၤအဂၤတဖၣ် ဒ် အပိာ်ထွဲထီၣ်လၢလၢအသိး -

- Domestic Abuse program
တၢ်မၤတရီၤတပါလၢဟံၣ်ပုၤယီၤပုၤတၢ်တီၢ်ကျဲၤ
- Alcohol/chemical dependency evaluation and follow recommended treatment
တၢ်သမံသမိးတၢ်စဲးစိၤကိၤစိၤ/ကၢ်တၢ်ဖိတၢ်လံၤ ဒီးမၤပိာ်ထွဲကသံၣ်ကသိတၢ်ကူၣ်စါယါဘျါလၢတၢ်ဟ့ၣ်ကူၣ်ဟ့ၣ်ဖးအိၤ
- Mental health evaluation and follow recommended treatment
တၢ်သမံသမိးတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ၤလၢသးအတၢ်ဆိကမိၣ်တကပၤဒီးမၤပိာ်ထွဲကသံၣ်ကသိတၢ်ကူၣ်စါယါဘျါလၢတၢ်ဟ့ၣ်ကူၣ်ဟ့ၣ်ဖးအိၤ
- Other
အဂၤ-_____

h. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.

ဂ့ၢ်. တြိပုၤတူၢ်ကွီၣ်ဖိလၢ တၢ်ဆူၤပနံၣ်လၢထံကျဲ, ဝံစိာ်တီဆူၤ, တၢ်ပၤဘၣ်တၢ်, မ့တမ့ၢ် တၢ်တူၢ်လိာ်ဒီးန့ၢ် ကျိတၢ်စုကဝဲၤ မ့တမ့ၢ် ကျိချံၣ်မြိုင် သၣ်တမံၤလၢလၢန့ၣ်လီၤ.

i. Issue the Order for Protection for a period up to 50 years because:

- ည. ထူးထီၣ်ဟ့ၣ်လီၤ တၢ်ကလုာ်လၢတၢ်ကဟုကယာ်အဂီၢ် လၢတၢ်ဆၢကတီၢ်ထီၣ်ဘးတုၤ ၅၀ နံၣ် မ့ၢ်လၢ-
 - Respondent has violated a prior or existing Order for Protection on two or more occasions
ပုၤတူၢ်ကွီၣ်ဖိလၢသ့ၣ်ခါပတၢ် တၢ်ကလုာ်လၢတၢ်ကဟုကယာ်အဂီၢ် လၢအပူၤကွီၣ် မ့တမ့ၢ် အိၣ်ဟံတုၤလံ လၢတၢ်မၤအသးအကတီၢ် ခံမံၤ မ့တမ့ၢ် အါန့ၢ်အန့ၣ်တဖၣ် အဖိခိၣ်
 - Petitioner/protected person has had two or more Orders for Protection in effect against this Respondent.
ပုၤပတံသကွီၣ်ကညးတၢ်ဖိ/ပုၤလၢတၢ်ကဟုကယာ်အိၤ မၤန့ၢ် တၢ်ကလုာ်လၢတၢ်ကဟုကယာ်အဂီၢ် လၢကခိၣ်ဆၢထီၣ်ခါ ပုၤ တူၢ်ကွီၣ်အံၤ ခံခါ မ့တမ့ၢ် အါန့ၢ်အန့ၣ်

Additional Information to Support my Requests that Require a Hearing

တၢ်ဂ့ၢ်တၢ်ကျိၣ်အါထီၣ်လၢကဆိၣ်ထွဲ ယတၢ်ဃုထီၣ်လၢတၢ်လိာ်ဘၣ် ကွီၣ်ဘျီၣ်အတၢ်စံၣ်ညီၣ်ဆၢတံာ်အဂီၢ်

18. Temporary Custody and Parenting Time

၁၈. တၢ်အံးထွဲကွီၣ်ထွဲတစီၢ်တလီၢ်ဒီးတၢ်ကွၢ်လုာ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်

If you and Respondent have a minor child together, you can ask the court to make temporary orders about custody, parenting time, or support for the child. To ask for these temporary orders, paternity must be established by marriage, Recognition of Parentage, or Paternity Order.

န့ၤ မ့တမ့ၢ် ပုၤတူၢ်ကွီၣ်ဖိ မ့ၢ်အိၣ်ဒီးဖိလၢအသးအိၣ်လၢ ၁၈ နံၣ်ဆူအဖိလၢတပူၤယီၤန့ၣ်, နယုထီၣ်ကွီၣ်ဘျီၣ်လၢကမၤန့ၢ်န့ၤ တစီၢ်တလီၢ်တၢ်ကလုာ်ဘၣ်ယးဒီး တၢ်အံးထွဲကွီၣ်ထွဲ, တၢ်ကွၢ်လုာ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်, မ့တမ့ၢ် တၢ်ဆိၣ်ထွဲလၢဖိသၣ်အဂီၢ်န့ၣ်လီၤ. လၢနကယုထီၣ်တစီၢ်တလီၢ် တၢ်ကလုာ်တဖၣ်အဂီၢ်, တၢ်ကပၢ်ကဘၣ်တၢ်အုၣ်သးတဖၣ် ကဘၣ်တၢ်အုၣ်သးပၢ်ဖျါထီၣ်အိၤလၢ တၢ်တုတၢ်ဖျါအသး, တၢ်သ့ၣ်ညါပၢ်ပနီၣ်တၢ်ကဲမိၢ်ကဲပၢ်တၢ်အုၣ်သးတဖၣ်, မ့တမ့ၢ် တၢ်ကဲပၢ်တၢ်ကလုာ် န့ၣ်လီၤ.

Do you want custody or parenting time ordered? Yes No If No, skip to #19. If Yes, fill in the information below.

န့ၣ်ဒီးတၢ်အံးထွဲကွီၣ်ထွဲ မ့တမ့ၢ် တၢ်န့ၣ်လီၤတၢ်ကွၢ်လုာ်ဒိၣ်ထီၣ်ဖိတၢ်ဆၢကတီၢ်ခါ. မ့ၢ် တမ့ၢ် မ့ၢ်တဆိၣ်ဘၣ်န့ၣ်, ခိကဟံဆူ #19 န့ၣ်တက့ၢ်. မ့မ့ၢ်တခိ, မၤပုၤတၢ်ဂ့ၢ်တၢ်ကျိၣ်လၢလၢအံၤတက့ၢ်.

a. Temporary custody of the following joint minor child(ren): _____
_____ should be awarded to me because: _____

က. တစီၢ်တလီၢ်တၢ်ဘၣ်ကွၢ်ထွဲသကိး ဖိသၣ်(တဖၣ်)လၢအသးအိၣ်တဆံးနံၣ်ဆူအဖိလၢတပူၤယီၤအပိာ်ထွဲထီၣ်တဖၣ်အံၤ-_____

THIS FORM MUST BE COMPLETED IN ENGLISH
လံာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပုၤလီၤအီၤလၢအဲၤကလံးကျိၣ်န့ၣ်လီၤ.

တၢ်ကြးစံၣ်ညိၣ်တၢ်န့ၣ်ယၢမ့ၢ်လၢ- _____

- b. Respondent should have parenting time as follows:
(Check all that apply)
- c. ပုၤတူၢ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်ဒီးတၢ်လၢအပိၣ်ထွဲထီၣ်အသိး-
(တၢ်န့ၣ်တၢ်လၢအဘၣ်ထွဲခဲလၢာ်)
 Unsupervised parenting time at the following days/times:
တၢ်ကွၢ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်လၢ တၢ်တက့ၢ်ထွဲအီၤဖဲ မ့ၢ်န့ၣ်/တၢ်ဆၢကတီၢ်လၢအပိၣ်ထွဲထီၣ်တဖၣ်အံၤ-

- No parenting time because: _____
တၢ်ကွၢ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်တအိၣ် မ့ၢ်လၢ- _____

- Supervised parenting time because: _____
_____ with supervision as follows:
တၢ်ကွၢ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ် လၢ တၢ်တက့ၢ်ထွဲအီၤမ့ၢ်လၢ- _____
_____ ဒီးတၢ်ပၤဆုၤရဲၣ်ကျဲၤဒီးအပိၣ်ထွဲထီၣ်တဖၣ်အသိး -
 at a safety center or appropriate facility, if available.
မ့ၢ်အိၣ်, ဖဲဖဲထၢၣ်လၢအပူၤဖျးဒိၣ်ထီၣ် မ့ၢ်တမ့ၢ် တၢ်သ့ၣ်ထီၣ်လၢအကြးဝဲဘၣ်ဝဲန့ၣ်လီၤ.
 supervised by a relative, friend, or other third party
ဘၣ်တၢ်အံးထွဲကွၢ်ထွဲအီၤလၢ ဒီးဘူးဒီးတၢ်, တံၤသကိး, မ့ၢ်တမ့ၢ် ပုၤသၢၤတၢ်ပုၤ/ပုၤသၢၤဖုတဖု
- Parenting time subject to the following conditions:
တၢ်ကွၢ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်ဒီးသန့ၤထီၣ်အသးလၢ တၢ်အိၣ်သးပိၣ်ထွဲထီၣ်တဖၣ်အဖိဒိၣ်- _____

- We should exchange the children for parenting time exchanges at an appropriate facility:
ပကြးလဲလိာ်ဆိတလဲပုၤဖိသၣ်လၢ တၢ်ဆိတလဲတၢ်ကွၢ်လုၢ်ဒိၣ်ထီၣ်ဖိအဆၢကတီၢ်အဂီၢ် ဖဲတၢ်သ့ၣ်ထီၣ်လၢအကြးဝဲဘၣ်ဝဲ
တဖၣ်အပူၤ- _____
- Other:
အဂၤ- _____

19. Financial Support

၁၈. ကျိၣ်စုၣ်ဖိတၢ်ဆိၣ်ထွဲ
I want the court to order Respondent to financially support me or our joint children. Yes
 No If No, skip to #20. If Yes, fill in the information below.
ယအဲၣ်ဒီး ကွီၣ်ဘျီၣ်ကနဲၣ်လီၤပုၤတူၢ်ကွီၣ်ဖိလၢ ကဆိၣ်ထွဲယၢ မ့ၢ်တမ့ၢ် ပဖိလၢပအိၣ်တပူၤယီၤန့ၣ်လီၤ. အဲၣ်ဒီး တအဲၣ်ဒီး
မ့ၢ်တအဲၣ်ဒီးန့ၣ်, ခိကဟ်ကွီၣ်ဆူ #၂၀ တက့ၢ်. မ့ၢ်အိၣ်တခီ, မၤပုၤတၢ်ဂ့ၢ်တၢ်ကျိၣ်လၢလံာ်အံၤတက့ၢ်.

THIS FORM MUST BE COMPLETED IN ENGLISH
လိာ်ကွီၣ်ဒီးအံၤတၢ်ကဘၣ်မၤပဲၤလီၤအီၤလၢအဲၤကလံးကျိၣ်န့ၣ်လီၤ.

My expenses total \$ _____.

ယတၢ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤခဲလၢၣ်မ့ၢ်ဝဲ \$ _____.

Describe the expenses (such as medical expenses or costs to repair or replace damaged property) _____

(Be prepared to bring receipts or other proof of the expenses to the court hearing.)

ဟံၣ်ဖျါထီၣ်တၢ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤ (ဒ်အမ့ၢ် ကသံၣ်ကသီတၢ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤတဖၣ် မ့တမ့ၢ် တၢ်အပူၤလၢတၢ်ဘျီၣ်ဂ့ၤထီၣ်က့ၤတၢ် မ့တမ့ၢ် တၢ်သး ကွီၣ်တၢ်စုၤလိာ်ခိၣ်ခိၣ်လၢအဟးဂီၤတဖၣ်) _____

(ကတဲၣ်ကတီၤယၢ်နသးလၢနကဟဲၣ်စိၣ်လိာ်တၢ်လိာ်စ့ မ့တမ့ၢ် တၢ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤတၢ်အုၣ်သးအဂၤဆူကွီၣ်ဘျီၣ်အတၢ်စံၣ်ညီၣ်ဒီးကနၣ်အတၢ်တဲၣ်န့ၣ်တက့ၢ်)

21. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

၂၁. ယယုအါထီၣ်ထီၣ်တၢ်မၤကိၣ်ညါထီၣ်မၤမုၢ်ထီၣ်က့ၤတၢ် ဝဲတၢ်မၤအတၢ်စံၣ်ညီၣ်ဒီးကနၣ်တၢ်လၢလၢပဲၤပဲၤ ဒ်ကွီၣ်ဘျီၣ်ယုထံၣ်န့ၣ်တၢ်လၢအလိၣ်အိၣ် တဖၣ်လၢတၢ်ဒီးသဒၢကဟ့ၣ်ကယၢ်ဟံၣ်ဖိဖိမိ မ့တမ့ၢ် ပုၤလၢအိၣ်ဆိးလၢဟံၣ်ယီၤအပူၤတဖၣ်, ယုၣ်ဒီး တၢ်ကလုၢ်တဖၣ် မ့တမ့ၢ် တၢ်န့ၣ်လီၤတဖၣ် ဆူ ခၢၣ်စးကရၢလၢအထူးထီၣ်ဒီးဒုးလူၤပိာ်မၤထွဲသဲးတၢ်သိၣ်တၢ်သီတဖၣ်န့ၣ်လီၤ.

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

ယဟံၣ်ဖျါလၢ တၢ်မၤကမၣ်သဲးစး ဒီးဖျါတၢ်အုၣ်သးကဘျးကဘျၣ်လၢကွီၣ်ဘျီၣ်အပူၤ လၢတၢ်ခဲလၢၣ်လၢ ယဟံၣ်ဖျါအီၤလၢလိာ်တီၤလိာ်မိအံၤအပူၤန့ၣ် မ့ၢ်ဝဲတီၤဝဲ ဒီးမ့ၢ်တၢ်လၢအဘၣ်န့ၣ်လီၤ. Minn. Stat. § 358.116.

Signature of Petitioner:

ပုၤပတံၤသကွီၣ်ကညးထီၣ်တၢ်ဖိဆဲးလီၤမံၤ-

Dated: _____
ဆဲးလီၤမ့ၢ်န့ၣ် -

Sign in front of notary or court administrator
ဆဲးလီၤမံၤလၢပိာ်ရီ မ့တမ့ၢ် ပုၤပတၢ်အုၣ်ကျဲၤကွီၣ်ဘျီၣ်အမဲၣ်ညါ

Name: _____
မံၤ - _____

(If your address is confidential do not include it here)
(န့ၣ်လိာ်အိၣ်ဆိးထံးမ့ၢ်တၢ်ခူသ့ၣ်န့ၣ်တဘၣ်ထၢန့ၣ်အိၣ်မဲၤဝဲအံၤတဂ့ၤ)

Address: _____
လိာ်အိၣ်ဆိးထံး - _____

City/State/Zip: _____
ဂ့ၢ်/ကီၢ်စဲၣ်/စံး(ပ)နီၣ်ဂံၢ် - _____

Telephone: (_____) _____
လိတံၤစိ -

E-mail address: _____
လိပရၢနီၣ်ဂံၢ်/အံၤမု(လ) -

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကွီာ်ဒိအံာ်တၢ်ကဘၣ်မၤပဲာ်လိာ်အိာ်လၢအဲကလံးကျိာ်န့ၣ်လိာ်.

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE

တၢ်ဘျးစဲလၢတၢ်ဟံးဖျါထီၣ်တၢ်မၤတရီၤတပါတၢ်အိထီၣ်အဂီၢ်-

Date of next incidence of abuse: _____

တၢ်မၤတရီၤတပါလၢခံတခါကဲထီၣ်အမုၢ်န့ၣ်-

Who was there: _____

မတၤအိၣ်ဖဲန့ၣ်လဲၣ်-

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. _____

ဟံးဖျါထီၣ် ပုၤတူၢ်ကွီာ်ဖိမၤဆူးမၤဆါန့ၣ်မနုၤလဲၣ် (မ့တမ့ၢ် တၢ်ကလုာ် ဖဲ #၄) မ့တမ့ၢ် မၤပျံၤမၤဖုးန့ၣ်လဲၣ်န့ၣ်တက့ၢ်. နမ့ၢ်ဘၣ်ဒိဘၣ်ထံးန့ၣ်, ဟံးဖျါ ထီၣ်စ့ၢ်ကိးတၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်တက့ၢ်. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

နမၤန့ၢ်တၢ်ကူစါယါဘျါလၢတၢ်ဘၣ်ဒိဘၣ်ထံးတမံၤလၢလၢအဂီၢ်စ့ၢ်ကိးခါ. မၤန့ၢ် တန့ၢ် နမ့ၢ်မၤန့ၢ်တခါ, ကွဲးရဲၣ်လိာ်မုၢ်န့ၢ်မုၢ်သိဒိးတၢ်လိာ်တၢ်ကျဲတဖၣ်လၢနမၤန့ၢ်ကသံၣ်ကသိတၢ်ကူစါယါဘျါအလီၢ်န့ၣ်တက့ၢ်.

Describe any use or threatened use of guns or other weapons:

ဖုးန့ၣ်ဟံးဖျါထီၣ် ကျိ မ့တမ့ၢ် တၢ်စုကဲၤအဂၤလၢတၢ်စူးကါ မ့တမ့ၢ် တၢ်မၤပျံၤမၤဖုးတၢ်- _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

ဖဲတၢ်မၤသးအကတီၢ်, ပုၤတူၢ်ကွီာ်ဖိ ဘၣ်တၢ်မၤပတုာ်အိာ်လၢ 911 မ့တမ့ၢ် ဝှံးဂီၢ်အူလိတဲစိခါ. မုၢ် တမ့ၢ်

မ့မ့ၢ်န့ၣ်, ဟံးဖျါထီၣ် တၢ်န့ၣ်လိာ်မၤပတုာ်တၢ်ဒိလဲၣ်- _____

Did the police/sheriff come? Yes No If Yes, list dates and other details.

ပၤကီၢ်/ပၤကီၢ်ခိၣ်တဖၣ်ဖဲခါ. ဖဲ တဖဲ မုၢ်ဖဲတခါ, ကွဲးရဲၣ်လိာ်မုၢ်န့ၢ်မုၢ်သိဒိးတၢ်ဝှံးဂီၢ်အူလိအဂၤလၢအလီၢ်တၢ်လိာ်ဆဲးတဖၣ်တက့ၢ်..

THIS FORM MUST BE COMPLETED IN ENGLISH
လိာ်ကွီာ်ဒိအံာ်တၢ်ကဘၣ်မၤပဲာ်လိာ်အိာ်လၢအဲကလံးကျိာ်န့ၣ်လိာ်.

Date of next incidence of abuse: _____

တၢ်မၤတရီၢ်တပိလၢခံတခါကဲထီၣ်အမ့ၢ်န့ၣ်-

Who was there: _____

မတၤအိၣ်ဖဲန့ၣ်လဲၣ်-

Describe what Respondent did to physically harm you (or others at #4) or make you afraid. If you were injured, also describe the injuries. _____

ဟံၣ်ဖျါထီၣ် ပုၤတူၢ်ကွီာ်ဖိမၤဆူးမၤဆါန့ၣ်မနုၤလဲၣ် (မ့တမ့ၢ် တၢ်ကလုာ် ဖဲ #၄) မ့တမ့ၢ် မၤပျံၤမၤဖူးန့ၣ်လဲၣ်န့ၣ်တက့ၢ်. နမ့ၢ်ဘၣ်ဒိဘၣ်ထံးန့ၣ်, ဟံၣ်ဖျါ ထီၣ်စ့ၢ်ကိးတၢ်ဘၣ်ဒိဘၣ်ထံးတဖၣ်တက့ၢ်. _____

Was medical treatment received for any injuries? Yes No **If Yes, list the dates and locations where medical treatment was received.** _____

နမၤန့ၢ်တၢ်ကူၤစါယါဘျါလၢတၢ်ဘၣ်ဒိဘၣ်ထံးတမံၤလၢလၢအဂီၢ်စ့ၢ်ကိးခါ. မၤန့ၢ် တန့ၢ် နမ့ၢ်မၤန့ၢ်တခါ, ကွဲးရဲၣ်လိာ်မ့ၢ်န့ၢ်မ့ၢ်သိဒိးတၢ်လိာ်တၢ်ကျဲတဖၣ်လၢနမၤန့ၢ်ကသံၣ်ကသီတၢ်ကူၤစါယါဘျါအလီၢ်န့ၣ်တက့ၢ်.

Describe any use or threatened use of guns or other weapons:

ဒူးန့ၣ်ဟံၣ်ဖျါထီၣ် ကျိ မ့တမ့ၢ် တၢ်စုကဲၤအဂၤလၢတၢ်စူးကါ မ့တမ့ၢ် တၢ်မၤပျံၤမၤဖူးတၢ်- _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No **If yes, describe the interference:** _____

ဖဲတၢ်မၤသးအကတီၢ်, ပုၤတူၢ်ကွီာ်ဖိ ဘၣ်တၢ်မၤပတုၣ်အိာ်လၢ 911 မ့တမ့ၢ် ဂ့ၢ်ဂီၢ်အူလိတဲစိခါ. မ့ၢ် တမ့ၢ် မ့မ့ၢ်န့ၣ်, ဟံၣ်ဖျါထီၣ် တၢ်န့ၣ်လိာ်မၤပတုၣ်တၢ်ဒိလဲၣ်- _____

Did the police/sheriff come? Yes No **If Yes, list dates and other details.**

ပၤကီၢ်/ပၤကီၢ်ခိၣ်တဖၣ်ဖဲခါ. ဖဲ တဖဲ မ့ၢ်ဖဲတခါ, ကွဲးရဲၣ်လိာ်မ့ၢ်န့ၢ်မ့ၢ်သိဒိးတၢ်ဂ့ၢ်တၢ်ကျိၤအဂၤလၢအလီၢ်တၢ်လိာ်ဆဲးတဖၣ်တက့ၢ်.. _____