

State of Minnesota
Xeev Minnesota

District Court
Cheeb Tsam
Tsev Hais Plaub

County/Cheeb Koog

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

Respondent/NEEG RAUG FOOB

**Request for Hearing
Kev Thov Lub Rooj Sib Hais
(Minn. Stat. § 518B.01, subd. 5, 7)**

I am the Respondent in this action. My current address is:
Kuv yog tus Neeg Raug Foob hauv rooj plaub no. Kuv qhov chaw nyob yog: _____

My telephone number is/Kuv tus xov tooj yog: _____

I respectfully request the court to hold a hearing in the above-named action.
Kuv xav thov kom lub tsev hais plaub muaj lub rooj sib hais txog rooj plaub teev saum no.

Dated/Hnub tim: _____

Respondent/NEEG RAUG FOOB

NOTE/FAJ SEEB

A hearing will not be held unless you request one within **five days** of receiving these materials. Yuav tsis muaj lub rooj sib hais tshwj tsis yog koj thov kom muaj ua ntej **tsib hnub** txij li hnub txaus tau cov ntaub ntawv no.