|  |  |  |  |
| --- | --- | --- | --- |
| State of Minnesota**မံၣ်နံၣ်စိထၣ် (Minnesota) ကီၢ်စဲၣ်** |  |  | District Court**ကီၢ်ရ့ၣ်ကွီၢ်ဘျီၣ်** |
| County/ကီၢ်ရ့ၣ်ခီးထံၣ် |  | Judicial District: |  |
|  |  | တၢ်စံၣ်ညီၣ်ပီတ့လီၢ်က၀ီၤ-Court File Number: |  |
|  |  | ကွီၢ်ဘျီၣ်လံာ်တြံာ်နီၣ်ဂံၢ်-Case Type:တၢ်ဂ့ၢ်အကလုာ်- | Domestic Abuseဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခီၣ်တကး |

In the Matter of/တၢ်ဂ့ၢ်-

Petitioner/ပှၤပတံသကွံၢ်ကညးတၢ်,

 **Request for Hearing**

vs./ဒီး **ဃ့ထီၣ်တၢ်စံၣ်ညီၣ်ဒိကနၣ်**

 **(Minn. Stat. § 518B.01, subd. 5, 7)**

Respondent/ပှၤတူၢ်ကွီၢ်

 I am the Respondent in this action. My current address is:

 ယမ့ၢ်ပှၤတူၢ်ကွီၢ်လၢတၢ်အကူာ်အံၤအပူၤလီၤ. ယလီၢ်အိၣ်ဆိးထံးအခဲအံၤမ့ၢ်၀ဲ-

My telephone number is/ယလီတဲစိနီၣ်ဂံၢ်မ့ၢ်၀ဲ -

 I respectfully request the court to hold a hearing in the above-named action.

 လၢတၢ်ယူးယီၣ်ပာ်ကဲအပူၤယဃ့ထီၣ်ကွီၢ်ဘျီၣ်လၢကရဲၣ်ကျဲၤမၤတၢ်စံၣ်ညီၣ်ဒိကနၣ်လၢတၢ်ဖံးတၢ်မၤလၢတၢ်ပာ်ဖျါထီၣ်အမံၤလၢထးန့ၣ်လီၤ.

Dated/ဆဲးလီၤမုၢ်နံၤ-

 Respondent/ပှၤတူၢ်ကွီၢ်

### NOTE/တိၢ်နီၣ်

A hearing will not be held unless you request one within **five days** of receiving these materials. မ့တမ့ၢ်လၢနဃ့ထီၣ်အီၤတခါလၢ **ယဲၢ်သီအတီၢ်ပူၤ** လၢနဒိးန့ၢ်ဘၣ်လံာ်လဲၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်အံၤဘၣ်န့ၣ် တၢ်တမၤတၢ်စံၣ်ညီၣ်ဒိကနၣ်အံၤဘၣ်န့ၣ်လီၤ.