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| State of Minnesotaမံၣ်နံၣ်စိထၣ် (Minnesota) ကီၢ်စဲၣ် |  |  | District Courtကီၢ်ရ့ၣ်ကွီၢ်ဘျီၣ် |
| County of/ကီၢ်ရ့ၣ်- |  | Judicial District:တၢ်စံၣ်ညီၣ်ပီတ့လီၢ်က၀ီၤ- |  |
|  |  | Court File Number:ကွီၢ်ဘျီၣ်လံာ်တြံာ်နီၣ်ဂံၢ်- |  |
|  |  | Case Type:တၢ်ဂ့ၢ်အကလုာ်- | Domestic Abuseဟံၣ်ပူၤဃီပူၤတၢ်စုဆူၣ်ခီၣ်တကး |

In the Matter of/တၢ်ဂ့ၢ်-

Petitioner/ပှၤပတံသကွံၢ်ကညးတၢ်,

**Affidavit in Support of
Order to Show Cause for Contempt**

vs./ဒီး **လံာ်ဆိၣ်လီၤသးလၢ
 တၢ်ဆီၣ်ထွဲမၤစၢၤတၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်လၢ ကဒုးနဲၣ်တၢ်ဂ့ၢ်လၢအဒုးအိၣ်ထီၣ်တၢ်တယူးယီၣ်ပာ်ကဲတၢ်**

 **Minn. Stat. § 518B.01**

Respondent/ပှၤတူၢ်ကွီၢ်

My name is/ယမံၤမ့ၢ် ,

I am/ယမ့ၢ်-

🞎 The Petitioner/ပှၤပတံသကွံၢ်ကညးတၢ်

🞎 Peace Officer/တၢ်မၤဃူလိာ်ဖိးလိာ်တၢ်အခိၣ်

🞎 Other interested person named by the Court/ပှၤအဂၤလၢအသးစဲတၢ် လၢကွီၢ်ဘျီၣ်ကိးထီၣ်အီၤ

I state that Respondent violated the following parts of the Order for Protection dated .

ယတဲဖျါထီၣ်လၢ ပှၤတူၢ်ကွီၢ်လုၢ်သ့ၣ်ခါပတာ် တၢ်ဟ့ၣ်လီၤ တၢ်ကလုၢ်လၢတၢ်ဒီသဒၢအဂီၢ်လၢအိၣ်ဒီးတၢ်ဆဲးလီၤမုၢ်နံၤ အကူာ်ပိာ်ထွဲတဖၣ်

(List the parts of the Order that Respondent violated.)

(ကွဲးပာ်ဖျါထီၣ် တၢ်ဟ့ၣ်လီၤတၢ်ကလုၢ်အကူာ် လၢပှၤတူၢ်ကွီၢ်လုၢ်သ့ၣ်ခါပတာ်အီၤတက့ၢ်.)

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.)

တၢ်လုၢ်သ့ၣ်ခါပတာ်တၢ်ဟ့ၣ်လီၤတၢ်အကလုၢ် ဖဲပှၤတူၢ်ကွီၢ် မၤကမၣ်တၢ်ဟူးတၢ်ဂဲၤလၢအပိာ်ထွဲထီၣ်တဖၣ် (ပာ်ဖျါထီၣ် တၢ်ဟူးတၢ်ဂဲၤလီၤတံၢ်လီၤဆဲး, ပၣ်ဃုာ်ဒီးတၢ်မနုၤကဲထီၣ်အသး, မ့ၢ်မတၤပၣ်ဃုာ်လဲၣ်, ဒီးမုၢ်နံၤလၢနတယာ်အီၤသ့န့ၣ်တက့ၢ်. ကွဲးပာ်ဖျါထီၣ် မုၢ်နံၤအပူၤကွံာ်ဖဲတယံာ်ဒံးဘၣ်တဖၣ် လၢအဆိန့ၣ်တက့ၢ်. မၤအါထီၣ်လံာ်က့ ဖဲအလိၣ်မ့ၢ်အိၣ်အသိး.)

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

ယဘိးဘၣ်ရၤလီၤတၢ်မၤကမၣ်သဲစးခီဖျိတၢ်အုၣ်သးကဘျံးကဘျၣ်လၢကီၢ်ဘျီၣ်အပူၤလၢတၢ်ကိးမံၤဒဲးလၢယတဲဖျါထီၣ်လၢလံာ်တီလံာ်မီအံၤ အပူၤန့ၣ် မ့ၢ်၀ဲတီ၀ဲဒီးဘၣ်၀ဲန့ၣ်လီၤ. Minn. သဲစးတၢ်သိၣ်တၢ်သီနီၣ်ဂံၢ်. § 358.116.

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| Dated/ဆဲးလီၤမုၢ်နံၤ |  | Signature/ဆဲးလီၤမံၤ |
|  |  | Name/မံၤ- |  |
|  |  | Address/လီၢ်အိၣ်ဆိးထံး- | (If you have asked to keep your address and/or phone number confidential, do not include it here.)(နမ့ၢ်ဃ့ထီၣ်လၢတၢ်ကပာ်နလီၢ်အိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ် လီတဲစိနီၣ်ဂံၢ်ဒ်တၢ်ခူသူၣ်အသိးန့ၣ်, တဘၣ်ထၢနုာ်ဃုာ်ဖဲအံၤတဂ့ၤ.) |
| County and state where signedကီၢ်ရ့ၣ်ခီးထံၣ်ဒီးကီၢ်စဲၣ်တၢ်လီၢ်ဖဲဆဲးလီၤမံၤ |  | City/State/Zip ၀့ၢ်/ကီၢ်စဲၣ်/စံး(ပ)နီၣ်ဂံၢ်- |  |
|  |  | Telephone/လီတဲစိ-  |  |
|  |  | Email/အံမ့(လ)- |  |