

THIS FORM MUST BE COMPLETED IN ENGLISH

လံာ်ကိာ်ဒီအံၤတၢ်ကဘၣ်မၤပုၤအီၤလၢအဲၤကလံးကိာ်လီၤ

State of Minnesota

မံၣ်န့ၣ်စီထံၣ် (Minnesota) ကိာ်စဲၣ်

District Court

ကိာ်ရၢၣ်ကိာ်ဘျီၣ်

County/ကိာ်ရၢၣ်

Judicial District: တၢ်စံၣ်ညီၣ်ပီတုၤလီၤကဝီၤ-	
Court File Number: ကိာ်ဘျီၣ်လံာ်တြီၣ်နီၣ်ဂံၢ်-	
Case Type: တၢ်ဂ့ၢ်အကလုာ်-	Domestic Abuse ဟံၣ်ပူၤဃီပူၤတၢ်စု ဆူၣ်ခိၣ်တကး

Petitioner/ပုၤပတံၤသကိာ်ကညးတၢ်,

vs./ဒီး

Respondent/ပုၤတူၢ်ကိာ်

**Petitioner's Request for Dismissal of
Order for Protection
ပုၤပတံၤသကိာ်ကညးထီၣ်တၢ်
အတၢ်ဃုထီၣ်
တၢ်ကထုးကိာ်တၢ်ဟ့ၣ်လီၤတၢ်
ကလုာ်လၢတၢ်ဒီသဒါအဂီၢ်**

Petitioner requests dismissal of the Order for Protection issued on
ပုၤပတံၤသကိာ်ကညးထီၣ်တၢ် အတၢ်ဃုထီၣ် တၢ်ဟ့ၣ်လီၤတၢ် ကလုာ်လၢတၢ်ဒီသဒါအဂီၢ်
ဘၣ်တၢ်ထုးထီၣ်ဟ့ၣ်လီၤအီၤဖဲ_____

because/မ့ၢ်လၢ _____

THIS FORM MUST BE COMPLETED IN ENGLISH

လိာ်ကီုဒိအံၤတၢ်ကဘၣ်မၤပဲၤအီၤလၢအဲၤကလံးကီုလီၤ

Date/မ့ၢ်နီၢ်

Petitioner, by signing here, requests dismissal

ပုၤပတံၤသက့ၢ်ကညးထီၣ်တၢ်, ဒီဖျိဆဲးလီၤမံၤဖဲအံၤ,
ဃုထီၣ်တၢ်ဆိကတီၢ်ကွံာ်တၢ်

Printed Name/ကွဲးလီၤမံၤ- _____

If you have asked to keep your address and/or phone number confidential, do not include it here.

နမ့ၢ်ဃုထီၣ်လၢတၢ်ကဟံၣ်နလီၢ်အိၣ်ဆိးထံး ဒီး/မ့တမ့ၢ်
လီၤတဲစီနီၣ်ဂံၢ်လၢတၢ်ခူသ့ၣ်န့ၣ်, တဘၣ်ထၢန့ၣ်ဃုာ်ဖဲအံၤ

Address/လီၢ်အိၣ်ဆိးထံး- _____

City, State, Zip/ဝုၢ်, ကီၢ်စဲၣ်, စံး(ပ)နီၣ်ဂံၢ်- _____

Telephone/လီၤတဲစီ- _____

E-mail/အံၤမ့(လ)- _____