

State of Minnesota/Xeev Minnesota

County/Cheeb Koog

**District Court
Cheeb Tsam Tsev Hais Plaub**

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 (first, middle, last)
Neeg Foob (npe, npe nruab nrab, xeem)

On behalf of/Kev Pab Tam rau:
Other persons needing protection (first, middle, last)
Lwm cov neeg yuav tau muaj kev tiv thaiv
(npe, npe nruab nrab, xeeb)

and for her/himself
thiab nws tus kheej
vs./thiab

Respondent (first, middle, last)
Neeg Raug Foob (npe, npe nruab nrab, xeem)

**Petition for Order for Protection
(OFP)
Tsab Ntawv Thov Kev Yuam Tiv
Thaiv (OFP)**

Minn. Stat. § 518B.01

1. Petitioner Information (You)/Ncauj Lus Txog Neeg Foob (Koj)

Name: (first, middle, last)/Npe: (npe, npe nruab nrab, xeem) _____

Race/Haiv Neeg: _____

Gender/Zeej Xeeb: male/txiv neej female/poj niam

Date of birth: (month/day/year)/Hnub yug: (hli/hnub/xyoo): _____

(for federal reporting purposes)/(rau tsoom fwv teb chaws cov laj thawj kev ceeb toom)

Address/Chaw nyob:

- I am requesting that my **address** be kept confidential by submitting the completed *Confidential Address/Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your address below.)

Kuv thov tias kom ceev zoo cia kuv qhov **chaw nyob** uas yog twb ua tiav xa *Tsab Ntawv Thov Ceev Zoo Cia Chaw Nyob/Xov Tooj* (OFP107) mus rau lub tsev hais plaub. (**FAJ SEEB:** Yog koj xaiv qhov no, TSIS TXHOB sau koj qhov chaw nyob rau nram no.)

OR/LOS SIS

- I am not requesting that my address be kept confidential. My address is:

Kuv tsis thov kom ceev zoo cia kuv qhov chaw nyob. Kuv qhov chaw nyob yog:

My Address/Kuv Qhov Chaw Nyob: _____

City, State, Zip Code/Zos, Xeev, Zip Code: _____

Phone Number/Xov Tooj:

- I am requesting that my **phone number** be kept confidential by submitting the completed *Confidential Address/Phone Request* form (OFP107) to the court. (**NOTE:** If you choose this option, DO NOT fill in your phone number below.)

Kuv thov tias kom ceev zoo cia kuv tus **xov tooj** uas yog twb ua tiav xa *Tsab Ntawv Thov Ceev Zoo Cia Chaw Nyob/Xov Tooj* (OFP107) mus rau lub tsev hais plaub. (**FAJ SEEB:** Yog koj xaiv qhov no, TSIS TXHOB sau koj tus xov tooj rau nram no.)

OR/LOS SIS

- I am not requesting that my phone number be kept confidential. My phone number is:

Kuv tsis thov kom ceev zoo cia kuv tus xov too. Kuv tus xov tooj yog:

Telephone/Xov Tooj: (_____) _____

2. Email Notification of Service/Sau Ntawv Email Faj Seeb Txog Kev Xa Ntawv

By providing my email address below, I ask to be notified by email when the respondent is served with the OFP. I understand that:

Txoj kev qhia qhov chaw sau ntawv email rau nram no yog kuv thov kom sau ntawv email faj seeb qhia thaum twg xa qhov OFP mus txog tus neeg raug foob. Kuv nkag siab tias:

- 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,
Tsab ntawv email no thiaj li yog tib tsab uas kuv yuav tau txais los ntawm lub tsev hais plaub txog qhov OFP tshwj tsis yog kuv yeej rau npe kom tau tsev hais plaub lwm cov ntaub ntawv faj seeb qhia hauv email,

- It will only be possible for the court to notify me by email when service information is received by the court,
Lub tsev hais plaub tsuas faj seeb qhia tau rau kuv paub hauv email yog tias lub tsev hais plaub txaus tau xov xwm txog kev xa ntawv,
- A technical or other error could happen that prevents the successful delivery of the email,
Tej zaum kuj muaj teeb meem rau tshuab los sis lwm yam uas xa tsis tau qhov email zoo,
- I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly, and
Kuv muaj lwm cov kev taug kom paub txog kev xa qhov OFP mus txog tus neeg raug foob, nrog rau txoj kev hu ncaj qha rau tub ceev xwm, thiab
- I must provide a valid email address in order to receive this notification of service.
Kuv yuav tsum muaj qhov chaw sau ntawv email kom yog thiaj li yuav txais tau tsab ntawv faj seeb txog kev xa ntawv no.

THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:

TUS NEEG RAUG FOOB YUAV POM QHOV CHAW SAU NTAWV EMAIL NO:

Email address/Chaw sau ntawv Email: _____

3. Who needs protection/Leej twg yuav tau muaj kev tiv thaiv?

- Me (Petitioner)/Kuv (Neeg Foob)
- My minor children/Kuv cov menyuam tsis nto hnuv nyooog
- A person for whom I am the legal guardian (attach Guardianship Order)
Ib tug neeg uas kuv muaj cai yog tus neeg saib xyuas (rhais nrog Tsab Ntawv Yuam Kev Saib Xyuas)
- A minor child who is not my legal child, but is a family or household member of mine
Tus me nyuam tsis nto hnuv nyooog uas tsis yog kuv tus raws kev cai lij choj, tiam sis yog ib tsev neeg los sis ib tug tswv cuab hauv kuv yim neeg
- Other/Lwm tus: _____

**THIS FORM MUST BE COMPLETED IN ENGLISH
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

For anyone you checked above, other than you, please fill out the following:
Rau txhua tus uas koj kos saum toj, dua li koj, thov teb rau cov nram no:

| Name (first, middle, last) Npe: (npe, npe nruab nrab, xeem) | Race Haiv Neeg: | Gender Zeej Xeeb | Date of Birth Hnub Yug | Lives with you? Puas nyob ib tse nrog koj? | How do you know this person? Koj paub tus tib neeg no li cas? | How does this person know the Respondent? Tus tib neeg no paub tus Neeg Raug Foob li cas? |
|--|-----------------------|--|---------------------------|--|--|--|
| | | <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F | | <input type="checkbox"/> Yes/Nyob <input type="checkbox"/> No/Tsis Nyob | | |
| | | <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F | | <input type="checkbox"/> Yes/Nyob <input type="checkbox"/> No/Tsis Nyob | | |
| | | <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F | | <input type="checkbox"/> Yes/Nyob <input type="checkbox"/> No/Tsis Nyob | | |
| | | <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F | | <input type="checkbox"/> Yes/Nyob <input type="checkbox"/> No/Tsis Nyob | | |
| | | <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F | | <input type="checkbox"/> Yes/Nyob <input type="checkbox"/> No/No | | |

MINOR CHILDREN/COV ME NYUAM TISIS NTO HNUB NYOOG

4. Do you have any minor children with the Respondent who are not listed at #3?

Koj puas muaj cov me nyuam tsis nto hnub nyoog nrog tus Neeg Raug Foob uas tsis teev muaj rau ntawm nqe #3?

Yes/Muaj No/Tsis Muaj

If **Yes/Yog tias Muaj**:

- How many/Pes tsawg tus? _____
- Complete one *Other Minor Children with Respondent* attachment (OFP904) for each child not listed at #3.

Teb rhais ib daim ntawv *Lwm Cov Me Nyuam Tsis Nto Hnub Nyoog nrog Tus Neeg Raug Foob* (OFP904) rau ib tug me nyuam twg uas tsis teev muaj rau ntawm nqe #3.

5. Are there any other minor children living with you that are not listed above at #3 or #4 (even if you are not related to them)?

Puas muaj lwm cov me nyuam tsis nto hnub nyoog nyob nrog koj uas tsis teev muaj rau ntawm nqe #3 los sis nqe #4 saum no (txawm koj tsis txheeb ze raulawv)?

Yes/Muaj No/Tsis Muaj

If **Yes**, complete the information below/Yog tias **Muaj**, teb cov ncauj lus nram no:

| Name (first, middle, last) Npe: (npe, npe nruab nrab, xeeem) | Date of Birth Hnub Yug | How do you know this child? Koj paub tus me nyuam no li cas? | How does this child know the Respondent? Tus me nyuam no paub tus Neeg Raug Foob li cas? |
|---|---------------------------|---|---|
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RESPONDENT/NEEG RAUG FOOB

6. **Respondent Information:** (Person you want protection from)
Ncauj Lus Txog Tus Neeg Raug Foob: (Tus neeg uas koj xav kom tiv thaiv koj ntawm nws)

Name: (first, middle, last)/Npe: (npe, npe nruab nrab, xeeem) _____

Address/Chaw nyob: _____

City, State, Zip Code/Zos, Xeev, Zip Code: _____

Telephone/Xov Tooj: _____

Race/Haiv Neeg: _____

Gender/Zeej Xeeb: male/txiv neej female/poj niam

Date of birth: _____ If unknown, age or approximate age: _____

Hnub yug: _____ Yog tsis paub, qhia hnub nyoog los sis kwv yees hnub nyoog: _____

(for federal reporting purposes)/(rau tsoom fwv teb chaws cov laj thawj kev ceeb toom)

Is Respondent under the age of 18? Yes/Yog No/Tsis Yog
Tus Neeg Raug Foob puas yog tsis nto hnub nyoog 18 xyoo?

Answer these questions **only if** Respondent is younger than 18:
Tsuas teb cov nqe lus nug **yog tias** tus Neeg Raug Foob ya dua hnub nyoog 18:

Respondent's parent's or guardian's name:
Neeg Raug Foob leej niam leej txiv los sis neeg saib xyuas lub npe:

Parent or guardian address: _____

If Respondent is under 18 years old, service must be made on Respondent **and** Respondent's parent or guardian.

Yog tias tus Neeg Raug Foob yog ib tug neeg tsis nto hnub nyoog 18 xyoo, yuav tsum xa ntawv mus rau tus Neeg Raug Foob **thiab** tus Neeg Raug Foob leej niam leej txiv los sis neeg saib xyuas.

Leej niam leej txiv los sis neeg saib xyuas qhov chaw nyob:

7. How does the person needing protection know the Respondent? (Check all that apply)
Tus tib neeg uas yuav tau muaj kev tiv thaiv rau paub tus Neeg Raug Foob li cas? (Kos txhua yam muaj)

Married. Marriage date/Muaj txij nkawm. Hnub sib yuav: _____

Divorced. Marriage date/Sib nrauj lawm. Hnub sib yuav: _____

Divorce date/Hnub sib nrauj: _____

Currently living together since/Tam sim no yeej nyob ua ke txij li

_____ (date)/(hnub)

Used to live together/Tau nyob ua ke yav dhau los

(from/txij thaum ____/____/____ to/mus txog thaum ____/____/____)

Have a child together/Muaj ib tug me nyuam ua ke

Have an unborn child together/Xeeb muaj me nyuam hauv plab ua ke

Parent/Child

Niam Txiv/Me Nyuam

Related by blood/Sib txheeb los ntawm roj ntsha

Significant romantic or sexual relationship/Muaj kev sib hlub los sis kev sib deev zoo heev

The relationship lasted from/Txoj kev sib hlub sib deev kav txhij thaum

(date)/(hnub): _____ until/mus txog _____

How often did you have contact with Respondent during that time?

Lub sij hawm ntawd koj muaj kev sib cuag nrog tus Neeg Raug Foob heev npaum li cas?

OTHER COURT CASES/LWM COV ROOJ PLAUB NTUG

8. Is there an OFP **in effect now** between you, or anyone else listed at #3 above, and Respondent?

Tam sim no puas muaj ib qho OFP **uas tseem ua hauj lwm** rau koj, los sis rau lwm tus neeg uas teev rau ntawm nqe #3 saum no, thiab tus Neeg Raug Foob?

Yes/Muaj No/Tsis Muaj (If No, skip to #9.)/(Yog Tsis Muaj, hla mus rau nqe #9.)

If **Yes**, when does the Order expire? _____

Yog tias **Muaj**, thaum twg qhov Kev Yuam thiaj tas sij hawm?

In what county and state was the Order made? _____

Txoj Kev Yuam tshwm sim muaj nyob rau lub cheeb koog thiab lub xeev twg

What is the Court File or Case Number? _____

Tus Zauv Cim Ntaub Ntawv Hauv Tsev Hais Plaub los sis Zauv Cim Rooj Plaub yog dab tsi?

The Order requires (name)/Txoj Kev Yuam txwv kom (npe) _____

to stay away from (names)/tsis txhob tuaj ze (cov npe) _____

9. Orders for Protection no longer in effect/Cov Kev Yuam Tiv Thaiv tsis ua hauj lwm ntxiv lawm:

Have you, or any of the people listed at #3, had an OFP against Respondent in the past?

Koj los sis ib tug neeg teev rau ntawm nqe #3, puas tau muaj qhov OFP nrog tus Neeg Raug Foob yav dhau los?

Yes/Muaj No/Tsis Muaj (If No, skip to #10.)/(Yog Tsis Muaj, hla mus rau nqe #10.)

If **Yes**, how many/Yog tias **Muaj**, pes tsawg zaus? _____

(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.)

(Yog ib txoj kev yuam tas sij hawm vim yog tub ceev xwm nqa tsis tau qhov OFP mus txog tus Neeg Raug Foob, koj tsis tag teev qhia rau ntawm no.)

Give the following details/Qhia cov ntsiab lus nram no:

| Court File or Case Number, if known Tus Zauv Cim Ntaub Ntawv Hauv Tsev Hais Plaub los sis Zauv Cim Rooj Plaub, yog tias paub | County and State/Cheeb Koog thiab Xeev |
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If you need more space, add another sheet of paper

Yog tias koj yuav tau muaj chaw sau ntxiv, muab lwm nplooj ntawv ntxiv.

10. Now, or in the past, have you (or other person at #3) and Respondent been jointly involved in **other family court cases, domestic abuse criminal cases, or harassment restraining order cases?**

Tam sim no, los sis yav dhau los, ua koj (los sis lwm tus neeg ntawm nqe #3) thiab tus Neeg Raug Foob puas tau muaj kev sib txuam nrog **lwm cov rooj plaub tsev neeg, xws li cov raooj plaub sib ceg sib ntaus hauv tsev neeg nplua txim txhaum cai, los sis cov rooj plaub muaj kev yuam tiv thaiv kev zes ua phem?**

Yes/Muaj No/Tsis Muaj (If No, skip to #11.)/(Yog Tsis Muaj, hla mus rau nqe #11.)

**THIS FORM MUST BE COMPLETED IN ENGLISH
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

If **Yes**, check the box to show what type of case (current or closed) you and Respondent have (or had). Check all that apply:

Yog tias **Muaj**, kos rau kem qhia hom rooj plaub (tam sim no los sis twb kaw tseg lawm) uas koj thiab tus Neeg Raug Foob muaj (tau muaj dhau los). Kos txhua yam muaj:

- Divorce/Sib Nrauj Custody/Sib Faib Me Nyuam
- Paternity/Kev Cai Yog Leej Txiv Child Support/Nyiaj Yug MeNyuam
- Child Protection/Kev Tiv Thaiv Me Nyuam
- Domestic Abuse criminal charges
Cov rooj plaub kev sib ceg sib ntaus hauv tsev neeg nplua txim txhaum cai
- Domestic Abuse criminal conviction
Cov rooj plaub kev sib ceg sib ntaus hauv tsev neeg raug txim txhaum cai
- Harassment Restraining Order
Kev Yuam Tiv Thaiv Kev Zes Ua Phem (Harassment restraining order)

For each box checked above, give the following case information. If you are not sure of the details, contact court administration for help.

Rau ib kem uas kos saum no, qhia cov ncauj lus txog rooj plaub nram no. Yog tias koj tsis paub tseeb cov ntsiab lus, hu rau lub chaw khiav tsev hais plaub kom tau kev pab.

| Case Type Hom Plaub Ntug | File or Case Number Tus Zauv Cim Ntaub Ntawv Hauv Tsev Hais Plaub los sis Zauv Cim Rooj Plaub | State and County Xeev thiab Cheeb Koog | Year Filed Xyoo Zwm | Names of children involved in case Cov me nyuam txuam nrog rooj plaub cov npe |
|-----------------------------|---|--|------------------------------|---|
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If you need more space, add another sheet of paper
Yog tias koj yuav tau muaj chaw sau ntxiv, muab lwm nplooj ntawv ntxiv.

WHAT HAPPENED/DAB TSI TSHWM SIM?

11. Why do you (or the other person listed at #3) need an OFP?

Vim li cas koj (los sis lwm tus neeg teev rau ntawm nqe #3) thiaj yuav tsum muaj qhov OFP?

Describe the domestic abuse by answering the questions below. If there are several dates, start with the most recent incident, and use the *Description of Abuse Attachment* to describe what happened on the other dates.

Teb cov nqe lus nug nram no txog kev sib ceg sib ntaus hauv tsev neeg. Yog tias muaj ntau hnuv, pib qhia hnuv uas nyuam qhuav tshwm sim ua ntej, thiab siv *Ntawv Rhais Piav Qhia Kev Tsim Txom* los piav qhia seb tshwm sim li cas rau lwm cov sij hawm.

Most Recent Incident/Qhov Xwm Txheej Nyuam Qhuav Tshwm Sim Tag

Date of most recent domestic abuse

Hnuv uas nyuam qhuav muaj qhov kev sib ceg sib ntaus hauv tsev neeg: _____

Who was there/Muaj leej twg nyob ntawd? _____

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**.

Piav qhia seb tus Neeg Raug Foob ua li cas **hawv los sis ua raug lub cev mob rau** koj (los sis lwm cov neeg teev rau ntawm nqe #3), los sis ua rau koj (los sis lwm cov neeg teev rau ntawm nqe #3) **ntshai**. _____

Weapons/Cov Khoom Tawv

Describe any use (or threatened use) of guns or other weapons.

Piav qhia tej kev siv (los sis hawv yuav siv) cov phom los sis lwm cov khoom tawv. _____

Injuries/Cov Kev Raug Mob

Was anyone injured/Puas muaj leej twg raug mob? Yes/Muaj No/Tsis Muaj
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis muaj, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions/Yog tias **Muaj**, teb cov nqe lus nug no:

Describe the injuries/Piav qhia cov kev raug mob: _____

Was medical treatment received/Puas tau txais kev kho mob? Yes/Tau No/Tsis Tau
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis tau, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions about medical treatment:

Yog tias **Tau**, teb cov nqe lus nug txog kev kho mob:

Who received medical treatment?

Leej twg tau txais kev kho mob? _____

When and where was medical treatment received?

Tau txais kev kho mob thaum twg thiab qhov twg? _____

911 or Emergency Call/Hu 911 los sis Kev Pab Kub Ceev

During the incident, did Respondent interfere with a 911 or emergency call?

Thaum muaj qhov xwm txheej, tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los sis kev pab kub ceev?

Yes/Tau No/Tsis Tau

If **Yes**, describe the interference/Yog tias **Tau**, piav qhia txoj kev cuam tshuam:

Law Enforcement/Tub Ceev Xwm

Did the police or sheriff come/Tub ceev xwm los sis tus sheriff puas tuaj?

Yes/Tuaj No/Tsis Tuaj

If **Yes**, list the date, and describe what happened when the police or sheriff came:

Yog tias **Tuaj**, teev qhia hnuv, thiab piav seb dab tsi tshwm sim thaum tus tub ceev xwm los sis tus sheriff tuaj txog:

12. Besides the recent incidents, if you want the court to know about any **history of abuse** by Respondent, you may briefly explain that history here:

Dua li cov xwm txheej nyuam qhuav muaj dhau los, yog tias koj xav kom lub tsev hais plaub paub txog tej **keeb kwm kev tsim txom** los ntawm tus Neeg Raug Foob, koj piav qhia me ntsis tau cov keeb kwm ntawdrau ntawm no: _____

13. Do you believe that the domestic abuse will continue and that you (or others named at #3) are in immediate danger?

Koj puas ntseeg tau tias txoj kev sib ceg sib ntaus hauv tsev neeg yuav muaj txuas mus ntxiv thiab koj (los sis lwm cov neeg muaj npe teev ntawm nqe #3) yuav ntsib teeb meem tam sis?

Yes/Muaj No/Tsis Muaj

Explain why or why not/Vim li cas thiaj muaj los sis thiaj tsis muaj:

14. Does Respondent work or attend school at the same place as you (or others listed in #3)?

Tus Neeg Raug Foob puas mus ua hauj lwm los sis mus kawm ntawv ntawm tib qho chaw uas koj (los sis lwm cov teev ntawm nqe #3) mus rau?

Yes/Tau No/Tsis Tau

If **Yes**, explain/Yog tias **Tau**, piav qhia: _____

REQUESTS FOR RELIEF/COV KEV THOV KEV CAWM

You can ask the court for several types of “relief” (things you can ask the court to order) in an OFFP. The first section below (#15 a-j) includes relief that does not require a hearing.

Koj thov tau lub tsev hais plaub kom tau ob peb hom “kev cawm” (cov uas koj thov tau lub tsev hais plaub kom yuam ua) hauv qhov OFFP. Thawj ntu nram no (nqe #15 a-j) muaj cov kev cawm uas tsis tag yuav tau muaj lub rooj sib hais.

The second section (#16 - #22) includes relief that the court cannot order unless there is a hearing first.

Ntu ob (nqe #16 - #22) muaj cov kev cawm uas lub tsev hais plaub yuam tsis tau yog tsis muaj lub rooj sib hais ua ntej.

| |
|--|
| <p>Relief that does not require a hearing Kev cawm uas tsis tag muaj lub rooj sib hais</p> |
|--|

I understand that asking for things in #15 (a) through (j) *does not* require a hearing to be held. Kuv nkag siab tias yog thov txog cov ntawm nqe #15 (a) txog (j) *tsis tag* yuav tsum muaj lub rooj sib hais.

I understand that if the court issues an Ex Parte Order (an order based only on your *Petition*), the judicial officer (judge or referee) *may* set a hearing and/or the Respondent *may* request a hearing. Kuv nkag siab tias yog lub tsev hais plaub kam muab Kev Yuam Hais Ib Tog Plaub Ntug (Ex Parte Order) (qhov kev yuam raws nkaus rau koj *Tsab Ntawv Thov xwb*), tej zaum tus kws phua txim (kws phua txim los sis kws txiav txim) *yuav* teem muaj lub rooj sib hais thiab/los sis tus Neeg Raug Foob *yuav* thov kom muaj lub rooj sib hais.

I understand that if the court does not issue an Ex Parte Order, the judicial officer may either dismiss the matter or set a hearing, *unless you do not want a hearing*.

Kuv nkag siab tias yog lub tsev hais plaub tsis kam muab Kev Yuam Hais Ib Tog Plaub Ntug (Ex Parte Order), tej zaum tus kws phua txim *yuav* muab qhov xwm txheej rho tawm tso tseg los sis teem muaj lub rooj sib hais, *tshwj tsis yog koj yeej tsis xav kom muaj lub rooj sib hais*.

If the court does not issue an Ex Parte Order/Yog tias lub tsev hais plaub tsis muab Kev Yuam Hais Ib Tog Plaub Ntug (Ex Parte Order):

I want a hearing/Kuv xav kom muaj lub rooj sib hais.

I do not want a hearing; I understand there will be no Order issued, and this case will be closed.

Kuv tsis xav kom muaj lub rooj sib hais; kuv nkag siab tias yuav tsis muab Kev Yuam, thiab yuav muab rooj plaub no kaw cia.

Based on this *Petition*, I ask the court for the following:

Raws li *Tsab Ntawv Thov no*, kuv thov lub tsev hais plaub txog cov nram no:

15. I ask the court to issue an Ex Parte Order for Protection to protect all persons listed at #3, and to order the things I check below in (a) through (j):

Kuv thov kom lub tsev hais plaub muab Kev Yuam Hais Ib Tog Plaub Ntug Kev Tiv Thaiv (Ex Parte Order for Protection) los tiv thaiv tag nrho cov neeg teev rau ntawm nqe #3, thiab kom yuam muaj cov uas kuv kos rau nram no ntawm (a) txog (j):

a. Order Respondent not to physically harm the protected persons, or cause the protected persons to fear immediate physical harm.

Yuam tus Neeg Raug Foob kom tsis txhob tsim kev ua mob rau lub cev ntawm cov tib neeg uas tau kev tiv thaiv, los sis ua kom cov tib neeg tau kev tiv thaiv ntshai txoj kev raug mob kiag rau lub cev.

b. Order Respondent to have no contact with the protected person(s) whether in person, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

Yuam tus Neeg Raug Foob kom tsis txhob muaj kev sib cuag nrog tus (cov) neeg tau kev tiv thaiv tim ntsej tim muag, hauv xov tooj, ntaub ntawv xa, kev sau ntawv e-mail, hauv cov tshuab hluav taws xob, hauv cov kev sib raug zoo saum huab cua, los ntawm lwm tus neeg sab nraud, los sis raws lwm txoj kev, tshwj tsis yog kiag raws li nram no:

c. Order Respondent to stay away from/Yuam tus Neeg Raug Foob kom tsis txhob tuaj ze:

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

Kuv lub tsev los sis lub tsev uas kuv thiab tus Neeg Raug Foob nyob.

My address is confidential (use OFP107),

Ceev zoo cia kuv qhov chaw nyob lawm (siv tsab OFP107),

OR/LOS SIS

My home address is/Kuv qhov chaw nyob yog: _____

City/Zos: _____ State/Xeev: _____ Zip/Zip: _____

A reasonable area surrounding my home, specifically as follows:

Ib cheeb tsam tsim nyog puag ncig kuv lub tsev, tshwj xeeb kiag raws li nram no:

Except as follows/Tshwj tsis yog kiag raws li no: _____

ii. The home of/Lub tsev ntawm _____

[*protected persons*]/[*cov neeg tau kev tiv thaiv*].

The address is confidential OR/Ceev zoo cia qhov chaw nyob LOS SIS

The home address at/Lub tsev qhov chaw nyob yog: _____

A reasonable area surrounding this home, specifically as follows:

Ib cheeb tsam tsim nyog puag ncig lub tsev no, tshwj xeeb kiag raws li nram no: _

Except as follows/Tshwj tsis yog kiag raws li no: _____

d. Order Respondent not to call or enter the workplace of (check all that apply):

Yuam tus Neeg Raug Foob kom tsis txhob hu los sis tuaj rau hauv qhov chaw ua hauj
lwm ntawm (kos txhua yam muaj):

Petitioner/Neeg Foob,

_____,

including all land, parking lots and buildings at:

nrog rau tag nrho cov av, tiaj nres tsheb thiab cov tsev loj ntawm:

Employer Name/Chaw Hauj Lwm Npe: _____

Address/Chaw nyob: _____

Street, City, State/Kev, Zos, Xeev

Except as follows/Tshwj tsis yog kiag raws li no: _____

Is there another workplace/Puas muaj lwm qhov chaw ua hauj lwm?

Yes/Muaj No/Tsis Muaj

If **Yes**/Yog tias **Muaj**:

Employer Name/Chaw Hauj Lwm Npe: _____

Address/Chaw nyob: _____

Street, City, State/Kev, Zos, Xeev

Except as follows/Tshwj tsis yog kiag raws li no: _____

If there are more than 2 workplaces, add another sheet of paper.

Yog tias muaj ntau tshaj 2 qho chaw hauj lwm, muab lwm nplooj ntawv ntxiv.

- e. Order Respondent not to enter another non-work location:

Yuam tus Neeg Raug Foob kom tsis txhob nkag mus rau qhov chaw tsis yog hauj lwm:

_____ at/ntawm

Address/Chawnyob: _____

Street, City, State/Kev, Zos, Xeev

Except as follows/Tshwj tsis yog kiag raws li no: _____

Is there another non-work location?

Puas muaj lwm qhov chaw tsis yog hauj lwm? Yes/Muaj No/Tsis Muaj

If **Yes**/Yog tias **Muaj**:

Name/Npe: _____

Address/Chawnyob: _____

Street, City, State/Kev, Zos, Xeev

Except as follows/Tshwj tsis yog kiag raws li no: _____

If there are more than 2 non-work locations, add another sheet of paper.

Yog tias muaj ntau tshaj 2 qho chaw tsis yog hauj lwm, muab lwm nplooj ntawv ntxiv.

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

Yuam tus Neeg Raug Foob kom muas muaj kev pov hwm them nqi kho mob uas yeej muaj tam sim no, tsis txhob hloov cov kev pab them los sis cov neeg tau txiaj ntsim kev pab.

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

Yuam txoj kev tau thiab tu xyuas tus tsiaj los sis tus tsiaj pab neeg raws li no: _____

- h. Order Respondent not to physically abuse or injure 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.

Yuam tus Neeg Raug Foob kom tsis txhob tsim txom ua mob rau lub cev los sis ua raug mob rau tej tsiaj los sis tus tsiaj pab neeg, yog tias tsis muaj laj thawj kev cai lij choj, uas yeej paub tias muaj tsw, muaj tug, tau khaws yuav, los khaws tuav los ntawm ib tog neeg twg los sis ib tug me nyuam tsis nto hnuv nyoog nyob hauv lub tsev los sis yim neeg ntawm ib tog neeg twg ua ib txoj kev txhob txwm hawv txoj kev nyab xeeb ntawm tus neeg li ntawd.

- i. Direct local law enforcement to provide the following assistance:

Cov tub ceev xwm hauv zos yuav tsum muab cov kev pab txhawb no: _____

- j. Other/Lwm yam: _____

Relief that requires a hearing
Kev cawm uas yuav tsum muaj lub rooj sib hais

In addition to what you asked for in #15, you may ask the court to order any of the relief listed below in #16 through #22. NOTE: **a hearing must be held** if you ask for anything listed below: Ntxiv rau cov koj thov txog ntawm nqe #15, koj thov tau lub tsev hais plaub kom yuam muaj cov kev cawm teev nram no ntawm nqe #16 txog #22. FAJ SEEB: **yuav tsum muaj lub rooj sib hais** yog tias koj thov txog ib yam teev muaj nram no:

Temporary Custody and Parenting Time
Faib Kev Tau Me Nyuam Ib Ntus thiab Sij Hawm Nrog Me Nyuam

16. Do you want **temporary custody or parenting time** ordered for joint minor children?

Koj puas xav kom yuam **faib kev tau me nyuam ib ntus los sis sij hawm** rau cov me nyuam tsis nto hnuv nyoog uas ob leeg tau sib npaug?

- Yes/Xav No/Tsis Xav (if **No**, skip to #17)/(Yog **Tsis Xav**, hla mus rau nqe#17.)

If **Yes**/Yog tias **Xav**:

I ask for temporary custody of the joint minor children:

Kuv thov kom faib kev tau me nyuam ib ntus rau cov me nuam tsis nto hnuv nyoog uas ob leeg tau sib npaug:

I ask the court to order parenting time for the Respondent as follows: (Check all that apply)

Kuv thov lub tsev hais plaub kom yuam muaj sij hawm nrog me nyuam rau tus Neeg Raug Foob raws li no: (Kos txhua yam muaj)

- Unsupervised parenting time for the Respondent at the following days/times:
Muaj cov sij hawm nrog me nyuam rau tus Neeg Raug Foob uas tsis muaj neeg nrog saib raws li cov hnuv/caij nyoog no:

OR/LOS SIS

- No parenting time for the Respondent because:

Tsis muaj sij hawm nrog me nyuam rau tus Neeg Raug Foob vim tias: _____

OR/LOS SIS

- Supervised parenting time for the Respondent because:

Muaj sij hawm nrog me nyuam rau tus Neeg Raug Foob uas muaj neeg nrog saib vim tias: _____

with supervision as follows/nrog neeg saib raws li no:

- at a safety center or appropriate facility, if available.
ntawm qhov chaw nyab xeeb los sis lub tsev zoo tsim nyog, yog tias muaj.
- supervised by a relative, friend, or other third party.
muaj tus neeg txheeb ze, phooj ywg los sis lwm tus neeg sab nraud nrog saib.
- Any parenting time the Respondent has should have the following conditions:
Txhua lub sij hawm nrog me nyuam uas tus Neeg Raug Foob muaj yuav tsum muaj cov zwj ceeb no:

- If the court orders parenting time, we should exchange the children at:
Yog tias lub tsev hais plaub yuam muaj cov sij hawm nrog me nyuam, peb
yuav sib hloo me nyuam rau ntawm:

- Other/Lwm yam: _____

Financial Support/Kev Pab Nyiaj Txiag

17. Do you want the court to order Respondent to financially support you or the joint children?
Koj puas xav kom lub tsev hais plaub yuam tus Neeg Raug Foob muab nyiaj txiag txhawb
koj los sis cov me nyuam ob leeg tau sib npaug?

- Yes/Xav No/Tsis Xav (if **No**, skip to #18)/(Yog **Tsis Xav**, hla mus rau nqe #18.)

If **Yes**/Yog tias **xav**:

Order Respondent to provide support in the following way(s) (check all that apply):

Yuam tus Neeg Raug Foob kom them nyiaj pab raws cov kev no (kos txhua yam muaj):

- Order Respondent to pay a reasonable amount of money for the support of our joint
minor children.

Yuam tus Neeg Raug Foob kom them qhov nyiaj tsim nyog txhawb rau wb cov me
nyuam uas ob leeg tau sib npaug.

- Order Respondent to pay a reasonable amount of
money to me for my living expenses.
Yuam tus Neeg Raug Foob kom them ib qho nyiaj tsim
nyog los pab kuv cov nuj nqis.

- Order Respondent to provide medical support and/or
health insurance.

Yuam tus Neeg Raug Foob kom pab rau cov kev kho mob thiab/los sis muas kev pov
hwm them nqi kho mob.

NOTE: You must be married to the
Respondent to get spousal support for
your living expenses.
FAJ SEEB: Koj yuav tsum yuav tus
Neeg Raug Foob dhau los thiaj tau cov
nyiaj yug txij nkawm pab them rau koj
cov nuj nqis.

If asking for any financial support from Respondent, fill out the following sections:
Yog thov nyiaj txiaj pab los ntawm tus Neeg Raug Foob, teb cov ntu nram no:

17a. Your Income and Expenses/Koj Cov Nyiaj Tau thiab Nuj Nqis:

Income/Nyiaj tau: \$ _____ /month from/ib hlis twg los ntawm
_____ (source)/(chaw them nyiaj)

My monthly expenses/Kuv cov nuj nqis ib hlis twg = \$ _____, including /nrog rau
\$ _____ for our joint minor child/rau wb tus me
nyuam ob leeg tau sib npaug.

17b. Respondent's Income/Neeg Raug Foob Cov Nyiaj Tau

Respondent's income is \$/Neeg Raug Foob qhov nyiaj tau yog \$ _____ /month
from/ib hlis twg los ntawm _____ (source)/(chaw them nyiaj)

OR/LOS SIS unknown/tsis paub.

17c. Respondent's Employment/Neeg Raug Foob Chaw Hauj Lwm

Respondent is/Tus Neeg Raug Foob

Employed. The name and address of Respondent's employer is:
muaj hauj lwm ua. Lub npe thiab chaw nyob ntawm tus Neeg Raug Foob lub hauj
lwm yog: _____

Does Respondent have more than one job? Yes/Muaj No/Tsis Muaj

Tus Neeg Raug Foob puas muaj ntau tshaj ib txoj hauj lwm?

If **Yes**, list the names and address of Respondent's other employers here:
Yog tias **Muaj**, teev qhia cov npe thiab chaw nyob ntawm tus Neeg Raug Foob
lwm cov hauj lwm rau ntawm no:

Unemployed/Tsis ua hauj lwm.

Unknown/Tsis paub.

17d. Childcare Costs/Cov Nqi Zov Me Nyuam

I have child care costs for the joint child of \$/Kuv muaj cov nqi zov tus me nyuam uas ob leeg tau sib npaug \$ _____/month because of work or school/ib hlis twg vim yog kev ua hau lwm los sis kawm ntawv.

OR/LOS SIS

I do not have child care costs because of work or school.
Kuv tsis muaj cov nqi zov me nyuam vim yog kev ua hauj lwm los sis kev kawm ntawv.

17e. Health Insurance/Kev Pov Hwm Them Nqi Kho Mob

Health insurance for/Kev pov hwm them nqi kho mob rau

me/kuv joint children/cov me nyuam ob leeg tau sib npaug is through the following (check all that apply)/yog tau los ntawm (kos txhua yam muaj):

- Your employer/Koj lub chaw hauj lwm
- Respondent's employer/Tus Neeg Raug Foob chaw hauj lwm
- Minnesota Care/Minnesota Care
- Private insurance you purchase/Kev pov hwm them nqi kho mob koj muas
- Private insurance Respondent purchases
Kev pov hwm them nqi kho mob uas tus Neeg Raug Foob muas
- No health insurance/Tsis muaj kev pov hwm them nqi kho mob
- Other/Lwm yam: _____

17f. Other Information/Lwm Cov Ncauj Lus

Other reasons I need financial support from Respondent:

Cov laj thawj uas kuv xav tau nyiaj txiag pab txhawb los ntawm tus Neeg Raug Foob:

Property/Cuab Yeej Teej Tug

18. Award me temporary use and possession of personal property (describe the property):
Kheev kuv siv thiab tau cov cuab yeej teej tug ib ntus (piav qhia qhov cuab yeej teej tug):

- Order Respondent not to dispose of or destroy the following property:
Yuam tus Neeg Raug Foob kom tsis txhob pov tseg los sis rhuav tshem cov cuab yeej teej
tug no: _____

Restitution/Nyiaj Them Kev Ua Txhaum

If asking for restitution, bring receipts or other proof of the expenses to the court hearing. Yog thov kom tau nyiaj them kev ua txhaum, nqa cov ntawv pov thawj them nuj nqis los sis lwm cov pov thawj kev them nuj nqis tuaj rau hauv tsev hais plaub.

19. Choose one/Xaiv ib qho:

- I want the Respondent to pay me restitution of \$/Kuv xav kom tus Neeg Raug Foob them nyiaj kev ua txhaum \$ _____ (the amount of expenses I had because of the domestic abuse). The following is a description of my expenses/(qhov nuj nqis kuv raug them vim yog txoj kev sib ceg sib ntaus hauv tsev neeg). Nram no yog cov lus piav qhia txog kuv cov nuj nqis:

OR/LOS SIS

- I am not asking for restitution/Kuv tsis hais kom them nyiaj kev ua txhaum.

Counseling, Treatment, or Services/Kev Pab Zog Siab, Kev Kho los sis Cov Kev Pab Cuam.

20. Do you want Respondent to attend counseling, treatment or other social services?
Koj puas xav kom tus Neeg Raug Foob mus cuag kev pab zog siab, kev kho los sis lwm cov kev pab cuam?
 Yes/Xav No/Tsis Xav (if **No**, skip to #21)/(Yog **Tsis Xav**, hla mus rau nqe #21.)

If **Yes**/Yog tias **Xav**:

Order Respondent to attend counseling, treatment, or other social services as follows:
Yuam kom tus Neeg Raug Foob mus cuag kev pab zog siab, kev kho los sis lwm cov kev pab cuam raws li no:

- Domestic Abuse program/Txoj kev pab rau Kev Sib Ceg Sib Ntaus Hauv Tsev
 Alcohol/chemical dependency evaluation and follow recommended treatment
Kev ntsuam xyuas txog kev haus dej caw/tshuaj yeeb thiab ua raws nkaus li txoj kev pom zoo kho
 Mental health evaluation and follow recommended treatment
Kev ntsuam xyuas txoj kev noj qab haus huv ntawm siab ntsws thiab ua raws nkaus li txoj kev pom zoo kho
 Other/Lwm yam _____

Firearms and Ammunition/ Mos txwv thiab rab phom

21. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.
Txwv txiav Tus Neeg Raug Foob txoj kev xa, thauj, muaj los yog txais tau tej phom los yog mos txwv.

Extended Time Frame for OFP/Ncua Sij Hawm rau Qhov OFP

22. Issue the OFP for a period up to 50 years because:
Muab qhov OFP kom kav mus txog 50 xyoo vim:
- Respondent has violated a prior or existing OFP on two or more occasions.
Tus Neeg Raug Foob tau ua txhaum txog ob zaug los sis ntau zaus dua ntawm qhov OFP yav tag los sis qhov tam sim no.
 - Petitioner/protected person has had two or more OFPs in effect against this Respondent.
Tus Neeg Foob/tus neeg tau kev tiv thaiv tau muaj ob qho OFP los sis ntau qhov dua nrog tus Neeg Raug Foob no.
23. Grant 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.
Muab kev cawm txhij tshua rau thaum lub sij hawm muaj lub rooj sib hais raws li tsim nyog kom tiv thaiv tau ib lub tsev neeg los sis cov neeg hauv ib yim, nrog rau cov kev yuam los sis kev cob mus rau cov koom haum tub ceev xwm.

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

Kuv lees taum tes raws txoj kev nplua txim dag tias txhua tsav yam kuv tau teev rau hauv tsab ntawv no yeej muaj tseeb thiab yog. Minn. Stat. § 358.116.

Dated/Hnub tim: _____

Petitioner's Signature/Neeg Foob Lub Npe Kos

County and state where signed
Cheeb koog thiab xeev uas kos npe nyob rau

Name/Npe: _____

If you have asked to keep your address and/or phone number confidential, do not include it here (use OFP107 instead).
Yog tias koj twb thov kom ceev zoo cia koj qhov chaw nyob/los sis xov tooj lawm, tsis txhob muab sau rau ntawm no (siv tsab OFP107).

Address/Chaw nyob: _____

**THIS FORM MUST BE COMPLETED IN ENGLISH
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

City/State/Zip: / Zos/Xeev/Zip:

Telephone/Xov Tooj:

E-mail address: / Chaw sau ntawv Email:

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE
NTAWV RHAIS PIAV QHIA KEV TSIM TXOM MUAJ NTXIV

Additional Incident/Lwm Qhov Xwm Txheej

Date of incident/Hnub muaj xwm txheej: _____

Who was there/Leej twg nyob ntawd? _____

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

Piav qhia seb tus Neeg Raug Foob ua li cas **hawv los sis ua raug lub cev mob rau** koj (los sis lwm cov neeg teev rau ntawm nqe #3), los sis ua rau koj (los sis lwm cov neeg teev rau ntawm nqe #3) **ntshai**. _____

Weapons/Cov Khoom Tawv

Describe any use (or threatened use) of guns or other weapons.

Piav qhia tej kev siv (los sis hawv yuav siv) cov phom los sis lwm cov khoom tawv. _____

Injuries/Cov Kev Raug Mob

Was anyone injured/Puas muaj leej twg raug mob? Yes/Muaj No/Tsis Muaj

(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis muaj, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions/Yog tias **Muaj**, teb cov nqe lus nug no:

Describe the injuries/Piav qhia cov kev raug mob: _____

Was medical treatment received/Puas tau txais kev kho mob?

Yes/Tau No/Tsis Tau

(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis tau, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions about medical treatment:

Yog tias **Tau**, teb cov nqe lus nug txog kev kho mob:

Who received medical treatment? _____

Leej twg tau txais kev kho mob?

When and where was medical treatment received?

Tau txais kev kho mob thaum twg thiab qhov twg? _____

911 or Emergency Call/Hu 911 los sis Kev Pab Kub Ceev

During the incident, did Respondent interfere with a 911 or emergency call?

Thaum muaj qhov xwm txheej, tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los sis kev pab kub ceev?

Yes/Tau No/Tsis Tau

If **Yes**, describe the interference/Yog tias **Tau**, piav qhia txoj kev cuam tshuam: _____

Law Enforcement/Tub Ceev Xwm

Did the police or sheriff come/Tub ceev xwm los sis tus sheriff puas tuaj?

Yes/Tuaj No/Tsis Tuaj

If **Yes**, list the date, and describe what happened when the police or sheriff came:

Yog tias **Tuaj**, teev qhia hnuv, thiab piav seb dab tsi tshwm sim thaum tus tub ceev xwm los sis tus sheriff tuaj txog:

Additional Incident/Lwm Qhov Xwm Txheej

Date of incident/Hnub xwm txheej tshwm sim: _____

Who was there/Leej twgnyob ntawd? _____

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

Piav qhia seb tus Neeg Raug Foob ua li cas **hawv los sis ua raug lub cev mob rau** koj (los sis lwm cov neeg teev rau ntawm nqe #3), los sis ua rau koj (los sis lwm cov neeg teev rau ntawm nqe #3) **ntshai**. _____

Weapons/Cov Khoom Tawv

Describe any use (or threatened use) of guns or other weapons.

Piav qhia tej kev siv (los sis hawv yuav siv) cov phom los sis lwm cov khoom tawv.

Injuries/Cov Kev Raug Mob

Was anyone injured/Puas muaj leej twg raug mob? Yes/Muaj No/Tsis Muaj
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis muaj, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions/Yog tias **Muaj**, teb cov nqe lus nug no:

Describe the injuries/Piav qhia cov kev raug mob: _____

Was medical treatment received/Puas tau txais kev kho mob? Yes/Tau No/Tsis Tau
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis tau, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions about medical treatment:

Yog tias **Tau**, teb cov nqe lus nug txog kev kho mob:

Who received medical treatment? _____

Leej twg tau txais kev kho mob?

When and where was medical treatment received?

Tau txais kev kho mob thaum twg thiab qhov twg? _____

911 or Emergency Call/Hu 911 los sis Kev Pab Kub Ceev

During the incident, did Respondent interfere with a 911 or emergency call?

Thaum muaj qhov xwm txheej, tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los sis kev pab kub ceev?

Yes/Tau No/Tsis Tau

If **Yes**, describe the interference/Yog tias **Tau**, piav qhia txoj kev cuam tshuam: _____

Law Enforcement/Tub Ceev Xwm

Did the police or sheriff come/Tub ceev xwm los sis tus sheriff puas tuaj?

Yes/Tuaj No/Tsis Tuaj

If **Yes**, list the date, and describe what happened when the police or sheriff came:

Yog tias **Tuaj**, teev qhia hnuv, thiab piav seb dab tsi tshwm sim thaum tus tub ceev xwm los sis tus sheriff tuaj txog:

Additional Incident/Lwm Qhov Xwm Txheej

Date of incident/Hnub xwm txheejtshwm sim: _____

Who was there/Leej twgnyob ntawd? _____

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**

Piav qhia seb tus Neeg Raug Foob ua li cas **hawv los sis ua raug lub cev mob rau** koj (los sis lwm cov neeg teev rau ntawm nqe #3), los sis ua rau koj (los sis lwm cov neeg teev rau ntawm nqe #3) **ntshai**. _____

Weapons/Cov Khoom Tawv

Describe any use (or threatened use) of guns or other weapons.

Piav qhia tej kev siv (los sis hawv yuav siv) cov phom los sis lwm cov khoom tawv.

Injuries/Cov Kev Raug Mob

Was anyone injured/Puas muaj leej twg raug mob? Yes/Muaj No/Tsis Muaj
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis muaj, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions/Yog tias **Muaj**, teb cov nqe lus nug no:

Describe the injuries/Piav qhia cov kev raug mob: _____

Was medical treatment received/Puas tau txais kev kho mob? Yes/Tau No/Tsis Tau
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis tau, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions about medical treatment:

Yog tias **Tau**, teb cov nqe lus nug txog kev kho mob:

Who received medical treatment? _____

Leej twg tau txais kev kho mob?

When and where was medical treatment received?

Tau txais kev kho mob thaum twg thiab qhov twg? _____

911 or Emergency Call/Hu 911 los sis Kev Pab Kub Ceev

During the incident, did Respondent interfere with a 911 or emergency call?

Thaum muaj qhov xwm txheej, tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los sis kev pab kub ceev?

Yes/Tau No/Tsis Tau

If **Yes**, describe the interference/Yog tias **Tau**, piav qhia txoj kev cuam tshuam: _____

Law Enforcement/Tub Ceev Xwm

Did the police or sheriff come/Tub ceev xwm los sis tus sheriff puas tuaj?

Yes/Tuaj No/Tsis Tuaj

If **Yes**, list the date, and describe what happened when the police or sheriff came:

Yog tias **Tuaj**, teev qhia hnuv, thiab piav seb dab tsi tshwm sim thaum tus tub ceev xwm los sis tus sheriff tuaj txog:

Additional Incident/Lwm Qhov Xwm Txheej

Date of incident/Hnub xwm txheejtshwm sim: _____

Who was there/Leej twg nyob ntawd? _____

Describe what Respondent did to **threaten or physically harm** you (or others listed at #3), or to make you (or others listed at #3) **afraid**.

Piav qhia seb tus Neeg Raug Foob ua li cas **hawv los sis ua raug lub cev mob rau** koj (los sis lwm cov neeg teev rau ntawm nqe #3), los sis ua rau koj (los sis lwm cov neeg teev rau ntawm nqe #3) **ntshai**. _____

Weapons/Cov Khoom Tawv

Describe any use (or threatened use) of guns or other weapons.

Piav qhia tej kev siv (los sis hawv yuav siv) cov phom los sis lwm cov khoom tawv.

Injuries/Cov Kev Raug Mob

Was anyone injured/Puas muaj leej twg raug mob? Yes/Muaj No/Tsis Muaj
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis muaj, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions/Yog tias **Muaj**, teb cov nqe lus nug no:

Describe the injuries/Piav qhia cov kev raug mob: _____

Was medical treatment received/Puas tau txais kev kho mob? Yes/Tau No/Tsis Tau
(If no, skip to “911 or Emergency Call.”)

(Yog tias tsis tau, hla mus rau “Hu 911 los sis kev pab kub ceev.”)

If **Yes**, answer these questions about medical treatment:

Yog tias **Tau**, teb cov nqe lus nug txog kev kho mob:

Who received medical treatment? _____

Leej twg tau txais kev kho mob?

When and where was medical treatment received?

Tau txais kev kho mob thaum twg thiab qhov twg? _____

911 or Emergency Call/Hu 911 los sis Kev Pab Kub Ceev

During the incident, did Respondent interfere with a 911 or emergency call?

Thaum muaj qhov xwm txheej, tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los sis kev pab kub ceev?

Yes/Tau No/Tsis Tau

If **Yes**, describe the interference/Yog tias **Tau**, piav qhia txoj kev cuam tshuam: _____

Law Enforcement/Tub Ceev Xwm

Did the police or sheriff come/Tub ceev xwm los sis tus sheriff puas tuaj?

Yes/Tuaj No/Tsis Tuaj

If **Yes**, list the date, and describe what happened when the police or sheriff came:

Yog tias **Tuaj**, teev qhia hnuv, thiab piav seb dab tsi tshwm sim thaum tus tub ceev xwm los sis tus sheriff tuaj txog:
