THIS FORM MUST BE COMPLETED IN ENGLISH
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIRIIS

State of Minnesota
Gobolka Minnesota

District Court
Maxkamadda Degmada

County/ Deegaanka	Judicial District: Garsoorka Degmada:
	Court File Number: Lambarka Feylka Maxkamadda:
	Case Type: Nooca Kiiska: Harassment Dhibaateyn

_____
Petitioner/ Dacwoodaha

vs./ vs.

_____
Respondent/ Dacweysanaha

Petitioner's Request for Dismissal of Harassment Restraining Order
Codsiga Ka-haridda Dacwoodaha ee Amarka Ammaangelinta ama Joojinta Dhibidda

Petitioner requests dismissal of the Harassment Restraining Order issued on/Codsiga Ka-haridda Dacwoodaha ee Amarka Ammaangelinta ama Joojinta Dhibidda oo la soo saaray _____

because/ sababtoo ah: _____

_____

_____

_____
Date/ Taariikhda

_____
Petitioner, by signing here, requests dismissal /Dacwoodaha, markuu halkan saxiixo, wuxuu codsanayaa ka-harid

Printed Name/ Magaca Far Waaweyn: _____

(If you have asked to keep your address and/or phone number confidential, do not include it here.)
(Haddii aad soo codsatay in cinwaanka iyo/ama lambarka taleefanka lagaaga dhigo qarsoodi, ha ku uqorin halkan.)

Address/ Cinwaanka: _____

City, State, Zip/Magaalada, Gobolka, Lambarka Xaafadda (Zip): _____

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Telephone/ Taleefanka: _____

E-mail/ Boostada Intarnetka (Email): _____

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