

State of Minnesota

District Court

County

Judicial District: _____
Court File Number: _____
Case Type: Domestic Abuse

In the Matter of:

Petitioner

vs.

Respondent

**Affidavit and Order
to Show Cause for Contempt
(Minn. Stat. § 518B.01)**

I, _____ (Petitioner)(Peace Officer) (Other interested party designated by the Court) being sworn/affirmed on oath state that Respondent violated the following provisions of the Restraining Order dated _____.

(List provisions of the Order that Respondent violated.)

These provisions were 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.)

Dated:

Signature *(Sign only in front of notary public or court administrator.)*

Name:

Address:

City/State/Zip:

Telephone: ()

Sworn/affirmed before me this _____ day of _____, _____.

Order

TO: _____, the Respondent:

Based on the Affidavit and all of the records and proceedings in this matter, YOU ARE ORDERED to appear at

_____ on _____
(Address) (Date)

at _____ m. and explain why you should not be found in Contempt of Court for violating the
(Time)
Order for Protection dated _____.

It is further ordered that the appropriate law enforcement agency shall help Petitioner execute and / or serve this Order, without charge.

Note: All responsive pleadings shall be served and mailed to or filed with the court administrator no later than five days prior to the scheduled hearing. The Court may, in its discretion, disregard any responsive pleadings served or filed with the court administrator less than five days prior to such hearing in ruling on the motion or matter in question.

If you do not appear, the court may hold you in contempt of court, and may issue a warrant for your arrest.

Dated: _____
Judge of District Court

NOTE: Bring witnesses and any supporting documentation to the hearing.

Distribution

_____	Certified copy or original - Return to Court Administrator with Affidavit of Personal Service attached	
	Copy for Petitioner(s)	Copy for Respondent(s)
	Copy for file until original returned	Copy for local police department
	Copy for Sheriff	Other:
_____	Dissolution File	
