

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Harassment

**Petitioner’s Affidavit and Petition for  
Harassment Restraining Order  
(Minn. Stat. §609.748)**

**Petitioner(s)**

Your Name and Address  
\_\_\_\_\_  
\_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_

**Respondent(s)**

Name(s) and addresses of persons harassing you  
and/or your child (ren):  
\_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_  
(if known)

vs.

I understand that I am under oath/affirmation and that I must tell the truth and I state that:

- 1. I am (we are) the Petitioner(s) in this action. (I am) (My minor child (ren) is) (My minor ward(s) for whom I am the legal guardian is) the victim of harassment described in this petition.
- 2. The following are specific acts of harassment committed by Respondent(s). (Check the boxes that apply and describe. Provide as many details as possible.)

Respondent has followed, pursued or stalked the Petitioner as follows:

Respondent(s) made uninvited visits to the Petitioner(s) as follows:

Respondent(s) made harassing phone calls to the Petitioner(s) as follows:

Respondent(s) made threats to the Petitioner(s) as follows:

Respondent(s) frightened Petitioner(s) with threatening behavior as follows:

Respondent(s) called the Petitioner(s) abusive names as follows:

Respondent(s) damaged the Petitioner’s property as follows:

Respondent(s) broke into and entered the Petitioner's residence as follows:

Respondent(s) stole property from the Petitioner(s) as follows:

Respondent(s) took pictures of the Petitioner(s) without permission of the Petitioner(s) as follows:

Other:

3. I ask the Court to issue a Temporary Restraining Order, schedule a hearing, and issue a permanent Restraining Order. I ask the Court to order the following:

Respondent(s) shall not harass  me  my minor child (ren) or ward(s).  
List minor children/wards included in this Petition:

Respondent(s) shall have no contact with  me  my minor child (ren) or ward(s) listed above.

Respondent(s) shall stay away from where I/we live (address)  Address is confidential.

Respondent(s) shall stay away from my place of employment located at

Other:

Dated:

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

Name:

Address is confidential.

Sworn/affirmed before me

Address:

Date:

City/State/Zip:

Telephone: (     )

Notary Public \ Deputy Court Administrator