



S.R.C. - Pipestone, MN U.S.A.

Absence Request From

(Pedido de Ausencia)

Name: Karolyn Kirst

Nombre

Today's Date of Request: 12-6-07

Fcha de Pedido

Department Finishing

Departamento

Date(s) of Absence 12-12-07

Fecha de Ausencia

Time Out (Hora de Salida) _____

SRC Message Center (507-562-6703)

SRC requires 3 days advance notice.

The following are absences with three (3) days advance notice will be recorded, but will not be considered an incident for attendance purposes. Providing false reasons for absences will result in employment termination.

Las siguientes ausencias con tres (3) días de notificación serán registradas, pero no serán consideradas un incidente para razones de asistencia. Proveyendo razones falsas de ausencia resultara en su terminación de empleo.

<input type="checkbox"/> Vacation <i>Vacaciones</i>	Vacation may also be assigned to absences to cover loss of pay
<input type="checkbox"/> Minor Child School Activities <i>Actividades secundarias de shcool de niño</i>	List nature of activity in comments below
<input type="checkbox"/> Military / Guard Leaves <i>Ejército/Salida de Guardia</i>	Service orders are to be submitted to Human Resources
<input type="checkbox"/> Funeral Leave Days <i>Funeral</i>	No advance approval required, please list the relationship below
<input type="checkbox"/> Witness Subpoena <i>Testigo de Citación</i>	Subpoena submitted to HR, Not for own civil/criminal appearance
<input type="checkbox"/> Workers' Compensation Appointments <i>Citas de Compensación de Trabajador</i>	Dr.s certification required and must be coordinated with HR
<input type="checkbox"/> Short Term Hospitalizations <i>Termino Corto de Hospitalización</i>	Dr.s certification required and coordinated with HR
<input type="checkbox"/> Family Medical Leaves <i>Razones Médicas de Familia</i>	FMLA Request / Certification must be on file with Human Resources
<input checked="" type="checkbox"/> Civic or Jury Duty <i>Deber del Jurado o Cívico</i>	Service duty letters are to be submitted to Human Resources
<input checked="" type="checkbox"/> Other <i>Otro have court</i>	All other absences will be "unexcused" and count as an occurrence for attendance purposes

Details of Absence (Detalles de Ausencia):

have to go to court regarding an order for protection for me & my daughter

K. Kirst

Employee Signature (Firma de Empleado)

12-6-07

Date (Fecha)

For Office Use Only (Solo para uso de Oficina)

Approved (Aprobado) Not Approved (No Aprobado)

Team Leader Signature (Firma del Lider)

Date (Fecha)

[Signature]
Shift Leader / Manager / HR (Lider /Gerente/RH)

12-7-07
Date (Fecha)

State of Minnesota

District Court

County

Lyon

Judicial District:

118TH

Court File Number:

42-FA-DT-1268

Case Type:

Domestic Abuse

In the Matter of: Karolyn Elaine Kirst

Petitioner (first, middle, last)

Petitioner's Affidavit and Petition for Order for Protection (Minn. Stat. § 518B.01)

vs.

John Arlan Kirst

Respondent (first, middle, last)

READ THE INSTRUCTIONS BEFORE FILLING OUT THESE FORMS.

I, being sworn/affirmed on oath, state that:

- 1. I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

General Information

- 2. A. My address is 251 3rd St Balaton, MN 56115. (Note: You may provide your address separately if you want it to be confidential.) My date of birth is Oct. 2nd 1985.

- B. I am a female male and my race is white. (This information is necessary for Federal reporting requirements.)

- 3. A. Respondent's address is 18 1/2 N. Maple St. Balaton, MN 56115, and date of birth is 7-22-79. (If Respondent is under 18 years old, service must be made on parent or guardian of Respondent, as well as Respondent.)

- B. Respondent is a female male and his/her race is white. (This information is necessary for Federal reporting requirements.)

- 4. My relationship with the Respondent(s) is as follows (check all that apply):

- Husband/Wife (date of marriage _____)
- Former husband/wife (date of marriage Feb 1st 66)
- Living together
- Lived Together (from ___/___/___ to ___/___/___)
- Have a child together
- Have an unborn child together
- Parent/child
- Related by blood
- Significant romantic or sexual relationship (if checked, answer items below):
How long did the relationship last? 4yr
How often did you have contact with Respondent? every other day
Length of time since the relationship ended: _____

FILED IN THIS OFFICE
12-5-07
Karen J. Bierman
COURT ADMINISTRATOR
Marshall, Lyon County, Minnesota

I am (or have been) involved with the Respondent in the following court actions:

Type of action	County	Date
<input type="checkbox"/> Marriage dissolution/divorce		
<input checked="" type="checkbox"/> Custody	Lyon	12-5-07
<input checked="" type="checkbox"/> Paternity	Lyon	12-5-07
<input type="checkbox"/> Domestic abuse related charges		
<input type="checkbox"/> Domestic abuse related convictions		
<input checked="" type="checkbox"/> Child protection	Lyon	12-5-07

Abuse Information

For an explanation of what constitutes domestic abuse, see page 1 of the instructions.

6. I have / have not been involved with the Respondent in a prior application for an order for protection. (If you have been involved in a prior application for an order for protection, fill in the following):

a. County where application was filed: Lyon county

b. Date filed: Dec. 18th

c. Name of Judge or judicial officer: Harnelson

d. Result:

Temporary Ex Parte Order only (petitioner withdrew application or failed to appear)

OFP granted; expiration date: June of 2007

OFP denied

e. The following acts of abuse, harassment, or stalking have happened since I last applied:

yes they got worse for me after I didn't have my ofp
any more. I have documents since and when every thing happened

7. Respondent has inflicted or threatened domestic abuse upon me and/or upon the minor child (ren) named here:

Justine Ann Kirst.

Describe specific acts of domestic abuse and give approximate dates, listing the most recent incidents first. Attach additional sheets if necessary. (See paragraph 8 of the instruction sheet).

On 12-2-07 my ex husband John Kirst was drunk while watching our daughter. I had called Lyon county to see if they could help because I was stuck. John had/has also been verbally abusing me too by calling me a slut, a whore, no good for nothing piece of trash. John also was drunk on Sept. 28th and I got a call to come & pick up my daughter cause he was passed out while Justine was running around. I have gotten several calls either at work or while not home to come & pick up my daughter. I have been in contact with the rap lady (Karen) about all the situations. Justine has come back several times from being with her dad on the weekend with a diaper rash so bad to where it was almost bleeding. I did take her to doctors to. I have all kinds of documents from myself on what has been happening + I have one from a friend & several witnesses.

9. As a result of the domestic abuse, I have: (Attach any medical or police records to this Affidavit or bring them with you to court.)

- had contact with law enforcement alot & with Lyon county
 - sought medical help in Nov. of 2007
- (Indicate dates and location if possible.)

10. Respondent and I are the parents of the following minor child (ren) (See paragraph 10 of the instruction sheet):

Name(s)	Gender	Date(s) of birth	Race	Person who child (ren) are with now	Court Action involving child (ren)? (Indicate county/type)
Justine A. Kirst	F	9-10-06	white	mom	lyon /
Karolyn E. Kirst	F	10-2-85	white	she lives with me	lyon /
					/
					/
					/

11. Other minor child (ren) who are involved:

Name(s)	Gender	Date(s) of birth	Race	Person who child (ren) are with now	Your relationship to child (ren)

a. Custody of the minor child (ren) listed below should be awarded to me.

I feel that I should have custody of our daughter because of John's out rage of alcohol and with him drinking and driving with her and no paying any attention to her.

b. Respondent should have the following parenting time (visitation) with the minor child (ren).

every other weekend, and if during the week have it supervised.

c. Respondent's parenting time (visitation) with the minor child (ren) should be restricted or supervised.

d. I am seeking the above relief because:

I'm tired of having to worry that when I either go to work or when I'm out that he's going to get into an accident or that she's going to get hurt at his house and nobody will be able to help her. I'm scared really scared of what he's going to do with her or to me.

13. Additional Information:

a. I am seeking child support / spousal maintenance / medical support/health insurance. (If you are seeking child support or maintenance, please fill out this section.)

My income is \$1,200 per month, from ~~Suzlon~~ Suzlon (source). I have monthly expenses of \$500 mth., including \$150-200 for minor child (ren). Respondent's income is \$ _____ per month, from _____ (source). Address of Respondent's employer: _____

b. I have childcare costs of \$200 per month because of employment or school.

c. My or the child's (ren's) health insurance is provided by M. A.

d. Other information: _____

14. As a result of the respondent's acts of domestic abuse, I am seeking restitution in the amount of \$ _____ for the following expenses: _____

(See paragraph 14 of the instruction sheet.)

Requests for Court Action

16. An emergency exists and I fear immediate and present danger of further acts of domestic violence.
16. Based on this affidavit, I am asking the court to give me the following immediate protection:
- Restrain and enjoin Respondent from causing me or the minor child (ren) any physical harm, and from causing me or the minor child (ren) fear of immediate physical harm.
- Direct Respondent to have no contact with me or the minor child (ren), whether in person, with or through other persons, by telephone, letter or in any way.
- Exclude Respondent from:
- the dwelling we share.
 - the place where I live: Petitioner's address is confidential
 Address: 251 3rd St Balaton, MN
 - the place where I work: Name _____
Address: _____
- Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries
- Other: _____
-
17. I request a hearing. (If you wish to have this order enforced in any other state, or if you wish to have the Respondent prohibited from acquiring or possessing a firearm, a hearing must be held.)
18. Based on this affidavit and any additional information before the court after a full hearing, I request the following, in addition to those items requested above: (If you request any of the following, a hearing will be held.)
- Exclude Respondent from a reasonable area surrounding my residence.
- Grant me sole legal and physical custody of the child (ren), subject to the following parenting time (visitation) to the Respondent (see question 12):
- No parenting time (visitation)
 - Supervised parenting time (visitation)
 - Parenting time (visitation) subject to the following conditions:
-
- Direct Respondent to pay a reasonable amount of money for the support of our minor child (ren).
- Direct Respondent to pay a reasonable amount of money for maintenance for me.
- Award me temporary use and possession of personal property and restrain respondent from disposing of or destroying property.

- Restitution in the amount of \$ _____ . (See question 14)
- Direct that the following counseling, treatment, or other social services be provided to Respondent:
 - Domestic Abuse program
 - Alcohol/chemical dependency evaluation and treatment
 - Other

Direct the local law enforcement agency to provide the following assistance:

Provide other relief as necessary for the protection of me and the minor child (ren).

19. I further request such 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.

Dated: 12-5-07

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

Name: Karolyn Kirst
(If your address is confidential, provide the following ONLY on the Petitioner's Information Sheet.)

Address: 251 3rd St.

City/State/Zip: Balaton, MN 56115

Telephone: (507) 734-5806

Sworn/affirmed before me this

5th day of December, 2007

Kay Biener
Notary Public / Deputy Court Administrator