

HOPE CARD REQUEST FORM

COMMONWEALTH OF VIRGINIA:

JUVENILE AND DOMESTIC RELATIONS (JDR) DISTRICT COURT

(County/City)

Hope Cards are FREE and available to anyone with a valid protective order that lasts 12 months or longer and was issued by a participating JDR District Court. They are not issued for *temporary* protective orders. Cards are also available for any individuals covered by the order.

Instructions:

You will need to refer to the protective order issued by the court to complete this form. Please print as neatly as possible when filling out the form. Submit the completed form to the JDR District Court Clerk's Office where the protective order was issued.

Hope Cards are mailed within approximately 14 business days. If you do not receive your card within this period, please email the Hope Card Project Coordinator Jaime Clemmer at jclemmer@vacourts.gov to check on the status of your request.

Protective Order Information: Please print. *All fields with an * must be completed.*

*Case Number: _____
*Court (County/City) _____ JDR District Court
* Signing Judge: _____
* Date Signed by Judge: _____ (MM/DD/YYYY)
*Date Order Expires: _____ (MM/DD/YYYY)
*Weapon Involved: Circle one: Yes or No

Petitioner Information: (Person who asked for Protective Order)

*First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____
*Date of Birth: _____ (MM/DD/YYYY)
*Sex: _____
*Race: _____

Mailing Address: *(The contact information below is for internal use only and will NOT be printed on card)*

*Address Line #1 _____
Address Line #2 _____
*City: _____ *State: _____ *Zip: _____
Contact Phone #: () _____
E-mail: _____

Respondent Information: (Person who is ordered to “stay away”)

This information should match your paper Protective Order

*First Name: _____

*Middle Name: _____

*Last Name: _____

Suffix: _____

*SSN _____

*Gender: _____

*Race: _____

*Height: _____ feet _____ inches

*Weight: _____

*Date of Birth: _____ (MM/DD/YYYY)

*Eye Color: _____

*Hair Color: _____

Distinguishing Features: *These are only included on the card **IF** the Judge lists them on the PO*

(scars, marks, tattoos) _____

Court Ordered (check all that apply): *

___ No family abuse

___ No contact with petitioner

___ No contact with family or household member

___ Shall not terminate utilities

___ Possession of (list below only if listed on PO):

Other Protected Persons Information:

Person 1

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Date of Birth: _____

Person 2

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Date of Birth: _____

Person 3

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Date of Birth: _____

Person 4

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Date of Birth: _____

(List additional parties on additional page)

Number of Cards Requested: _____ (Maximum of 1 card per each protected person without additional approval/explanation)

For Office Use Only:

Name of Victim/Witness or Clerk Assisting: _____ Phone# _____ Date: _____