

HOPE CARD REQUEST FORM

STATE OF VIRGINIA:

JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

(County/City)

Instructions:

Hope Cards are available to anyone with a valid, permanent Order of Protection issued by a participating JDR District Court for 12 months or longer . Cards are also available for any children or other individuals covered by the order. Please recognize this program has limited funding and will only run the duration of the funding.

Hope Cards are FREE. They are for FINAL orders only and are not issued for *temporary* orders of protection.

Instructions:

You will need to refer to the Order of Protection issued by the court to complete this form. Please print as legibly as possible and fill out the blank form. Submit the completed form to the county JDR District Court Clerk's Office.

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.

Protection 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 applied 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: _____
*Date of Birth: _____ (MM/DD/YYYY)
*Eye Color: _____
*Hair Color: _____
*Sex: _____
*Race: _____
*Height: _____ feet _____ inches
*Weight: _____
*SSN _____

Respondent ordered (check all that apply): *
___ No Contact
___ No abusive contact
___ Shall not terminate utilities
___ Possession of (list below only if listed on PO):

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

Features: _____

(scars, marks, tattoos) _____

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 with Request Form _____ Date: _____