

FILING OF FOREIGN PROTECTIVE ORDER

Commonwealth of Virginia

VA. CODE § 16.1-279.1

Case No.

..... Court

Name of Party Filing Foreign Protective Order:

Virginia Address of Party Filing Order:

Name of Person(s) Protected by the Order:

Name of Defendant/Respondent:

Issuing Jurisdiction:

STATE

COUNTY OR CITY

Name of Court which issued Order: Case No.

Date of Entry: Expiration Date (if any):

SIGNATURE OF PARTY FILING ORDER

Defendant/Respondent's Description (for VCIN entry):

Full Name:

Address:

Telephone No.

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			

SSN _____

CLERK'S CERTIFICATION

An attested or exemplified copy of the above-identified foreign protective order has been filed with this Court.

.....
DATE

[] CLERK [] DEPUTY CLERK