

HOPE CARD REQUEST FORM

COMMONWEALTH OF VIRGINIA



(County/City)

- Check one:** **JUVENILE AND DOMESTIC RELATIONS (JDR) DISTRICT COURT**
 GENERAL DISTRICT COURT (GDC)
 CIRCUIT COURT (CC)

Hope Cards are FREE and available to anyone with a valid FINAL protective order that lasts 12 months or longer, is issued by a Virginia Court, and is valid 12 months or longer from date of application for card. Hope Cards are not issued for emergency protective orders, preliminary protective orders, or “no contact” orders. Cards are also available for any individuals covered by the order (protected parties). For more information about the card and the program, visit the Hope Card Program website at: <https://hopecard.vacourts.gov>

Instructions:

You will need to refer to the protective order issued by the court to complete this form. Please print all information as neatly and completely as possible when filling out the form. Submit the completed form to the Clerk’s Office where the protective order was issued.

Hope Cards are mailed within approximately 14 business days of the Clerk entering the request into the system. If you do not receive your card within this period, please email the Hope Card Program Coordinator at hopecard@vacourts.gov to check on the status of your request or contact your local Victim/Witness or Court advocate.

COMPLETE THE FOLLOWING

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

_____ *Number of Cards requested
*Case Number (Maximum of 1 card per each protected person)

_____ *Date Order Expires (MM/DD/YYYY)
*Date Signed by Judge (MM/DD/YYYY)

*Protective Order indicates Weapon Involved: (check one) YES NO

Petitioner Information: (Person who asked for Protective Order)

_____ *Last Name
*First Name _____ *Middle Name: _____
*Race: White Black Hispanic Asian Indian Other Unknown _____ *Sex _____ *Birthdate (MM/DD/YYYY)

Petitioner’s relationship to respondent: (check one)

- Spouse/ex-spouse Dating/ex-dating or child in commo Family/household member Other

*Is the protective order the result of domestic/family/sexual violence or stalking: (check one) YES NO

***Mailing Address**

(This mailing address is where the card will be sent. It is for internal use only and will NOT be printed anywhere on card.)

Address Line: _____

*City: _____ *State: _____ *Zip: _____

Contact Phone #: (____) _____ E-mail: _____

If we need to contact you regarding your Hope Card, do you prefer to be contacted by (check one):

- Email Phone Do not contact me, if I have a question about my card I will contact you

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

This information should match your paper Protective Order

*First Name Middle Name Last Name Suffix

*Race: White Black Hispanic Asian Indian Other Unknown _____
*Sex *Birthdate ((MM/DD/YYYY))

*Height: _____ *Weight: _____ *Eye Color: _____ *Hair Color: _____

*SSN: _____ - _____ - _____

*Distinguishing Features: *Only include **IF** the Judge lists them on the PO*

Court Ordered (check ALL that apply): *

___ No acts of family abuse ___ No contact with petitioner ___ No contact with family/household member
___ Shall not terminate utilities ___ Not use electronic device to locate ___ No exceptions

Possession of (list only if indicated on PO): _____

Other conditions/exceptions: _____

Additional Protected Persons Information:

Person 1: _____
First name Middle name Last name Date of Birth

Person 2: _____
First name Middle name Last name Date of Birth

Person 3: _____
First name Middle name Last name Date of Birth

Person 4: _____
First name Middle name Last name Date of Birth

Person 5: _____
First name Middle name Last name Date of Birth

Check here if there are additional parties and list their information on an additional sheet

If your Hope Card is lost or stolen, you are only entitled to one replacement card.

I am filling this form out myself as the applicant: (Check one) YES NO

If no:

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

Agency Name: _____ Email: _____