

**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 protective order that lasts 12 months or longer, was issued by a participating Virginia Court, and is valid 12 months or longer from date of application. Hope Cards 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 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. If you do not receive your card within this period, please email the Hope Card Program Coordinator, Jaime Clemmer, at [jclemmer@vacourts.gov](mailto:jclemmer@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.

\_\_\_\_\_  
\*Case Number

\_\_\_\_\_  
\*Last Name of Signing Judge

\_\_\_\_\_  
\*Date Signed by Judge (MM/DD/YYYY)

\_\_\_\_\_  
\* Date Order Expires (MM/DD/YYYY)

\*Protective Order indicates Weapon Involved: (circle one) *Yes* or *No*

**Petitioner Information: (Person who asked for Protective Order)**

\_\_\_\_\_  
\*First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Suffix

\*Race: (circle one) White Black Hispanic Asian Indian Other Unknown

\_\_\_\_\_  
\*Sex:

\_\_\_\_\_  
\*Date of Birth (mm/dd/yyyy)

**Petitioner's relationship to respondent: (circle one)**

Spouse/ex-spouse

Dating/ex-dating

Child in common

Family/household member

Other

\*For eligibility purposes, is the protective order the result of domestic/family/sexual violence or stalking: (circle 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 (circle 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: (circle one) White Black Hispanic Asian Indian Other Unknown  
\*Sex: \_\_\_\_\_ \*Date of Birth (mm/dd/yyyy) \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_

\*SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Distinguishing Features: *These are only included **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 or 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

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

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

**If no:**

Name of Victim/Witness or Clerk Assisting: \_\_\_\_\_ Phone# \_\_\_\_\_

Agency Name: \_\_\_\_\_ Email: \_\_\_\_\_