

**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