

# 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](mailto: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  
\_\_\_\_\_ \*Middle Name:  
\_\_\_\_\_ \*First 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 common     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: \_\_\_\_\_

Alternative address: \_\_\_\_\_

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 violence, force, threat, etc. (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: \_\_\_\_\_