

# 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.

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

\_\_\_\_\_  
\*Number of Cards requested  
(Maximum of 1 card per each protected person)

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

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

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

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

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

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

\_\_\_\_\_  
\*Last 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 the 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)

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

