

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: _____