

**STATE OF MONTANA
DEPARTMENT OF JUSTICE
OFFICE OF VICTIM SERVICES**

**P.O. Box 201410
Helena, MT 59620-1410**

**In Helena: 444-5803
Toll Free: 800-498-6455
FAX: (406) 442-2174**

HOPE CARD REQUEST FORM

Instructions:

Hope Cards are available to anyone with a valid, permanent order of protection. Cards are also available for any children or other individuals covered by the order. You may request more than one card per individual if, for example, you wish to provide one to a child's school and another to the child's after-school care program.

Hope Cards are free. They are not issued based on temporary orders of protection.

You will need to refer to the order of protection as you fill out the request form. You can fill out the form on the computer and print the completed form or, if you prefer, print the blank form and fill it out by hand.

Mail the completed form to the Office of Victim Services at the address above. Hope Cards are mailed within approximately 10 business days. If you do not receive your card within this period, use the contact information above to check on the status of your request.

Protection Order Information: Please print. All fields with a * must be completed.

*Case Number: _____
*Court: _____
*County: _____
*Date of Issuance: _____ (MM/DD/YYYY)
*Date of Expiration: _____ (MM/DD/YYYY)

Petitioner Information:

*First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____
*Date of Birth: _____ (MM/DD/YYYY)
*Sex: _____
*Race: _____
*Height: _____ feet _____ inches
Mailing Address:
*Address Line #1 _____
Address Line #2 _____
*City: _____ *State: _____ *Zip: _____
Contact Phone #: (____) _____
E-mail: _____

Respondent Information:

*First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____
*Date of Birth: _____ (MM/DD/YYYY)
*Eye Color: _____
*Hair Color: _____
*Sex: _____
*Race: _____
*Height: _____ feet _____ inches
*Weight: _____
Distinguishing _____
Features: _____
(scars, marks, tattoos) _____

Other Protected Persons Information:

	Person 1	Person 2
*First Name:	_____	_____
Middle Name:	_____	_____
*Last Name:	_____	_____
Suffix:	_____	_____
*Date of Birth:	_____	_____

	Person 3	Person 4
*First Name:	_____	_____
Middle Name:	_____	_____
*Last Name:	_____	_____
Suffix:	_____	_____
*Date of Birth:	_____	_____

Number of Hope Cards Requested: _____