

# HOPE CARD REQUEST FORM

Hope Cards are FREE, and the process begins with a court's issuance of a final judgment of junction for protections under FS 741.30 (domestic violence), 784.046 (repeat violence, sexual violence, or dating violence), 784.0485 (stalking), or 825.1035 (exploitation of a vulnerable adult).

The Petitioner may *request* a Hope Card from Collier County Clerk's Office once:

- a) The final judgement of injunction for protection is issued: or
- b) At any other time prior to the expiration of the order for protection.

The Hope Card is valid for *two (2)* years after the date of issuance of the final order or the expiration of the injunction, whichever is earlier. The Hope Card may be renewed after the two-year period IF the injunction is still in effect.

## Instructions:

Please print all information as neatly and completely as possible when filling out the form. Submit the completed form to the Deputy Clerks in the *SELF-HELP CENTER* at the Collier County Court House on the 1<sup>st</sup> Floor.

The Hope Card will be completed and provided within (3) business days once this form is completed.

The Hope Card can be given to the petitioner electronically, in person, or by mail.

Please select the way the Hope Card will be provided. \*CHECK ONE OF THE CIRCLES

- |                       |           |
|-----------------------|-----------|
| <input type="radio"/> | Email     |
| <input type="radio"/> | In person |
| <input type="radio"/> | Mail Out  |

Fields Marked with an asterisk (\*) are required.

## Protection Order Information

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

\*Date Order Issue: \_\_\_\_\_

\*Date Order Expires: \_\_\_\_\_

\*County that Granted Order: \_\_\_\_\_

## Petitioner Information

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

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

\_\_\_\_\_  
\*Last Name:

\_\_\_\_\_  
\*Date of Birth:  
(mm/dd/yyyy)

\_\_\_\_\_  
\*Phone Number

\_\_\_\_\_  
\*Email Address

\*Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Respondent Information

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

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

\_\_\_\_\_  
\*Last Name

\*Race (Circle One): White Black Hispanic Asian Other Unknown

\_\_\_\_\_  
\*Height

\_\_\_\_\_  
\*Weight

\_\_\_\_\_  
\*Eye Color

\_\_\_\_\_  
\*Hair Color

\_\_\_\_\_  
\*Date of Birth  
(mm/dd/yyyy)

### 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

\*Number of Cards Requested: \_\_\_\_\_ (Maximum of 1 card per each protected person.)

\*I am filling this form out myself as the Petitioner: (Circle One) YES NO

**If no:**

\*\*Name of person/Clerk Assisting: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date Signed)