Austin Knudsen Attorney General

**DIVISION OF CRIMINAL INVESTIGATION**

Office of Victim Services

## DEPARTMENT OF JUSTICE STATE OF MONTANA



**HOPE CARD APPLICATION**

PO Box 201410

302 N. Roberts Street Helena, MT 59620-1410

(406) 444-3653

FAX: (406) 444-5335

## Instructions:

Please refer to the order of protection as you complete the application. You may fill out the application on the computer, print, and mail the completed application to the Office of Victim Services.

If you prefer, you may print the blank application and fill it out by hand. Please print legibly.

Mail your application to: PO Box 201410

302 N. Roberts Street

Helena, MT 59620

**Protection Order Information:** All fields with an \* must be completed.

\*Court Case Number: \_

\*Court: [ ]  District [ ]  Justice [ ]  Municipal [ ]  Juvenile Other: \_\_\_\_\_\_\_\_\_\_

\*County:

\*Date of Issuance: (MM/DD/YYYY)

\*Date of Expiration: (MM/DD/YYYY)

**Petitioner Information:**

\*First Name: Middle Name:

\*Last Name: Suffix (Jr, Sr, II):

\*Date of Birth: (MM/DD/YYYY)

\*Sex:

\*Race:

\*Height:

Mailing Address:

 feet \_\_\_\_\_\_ inches

\*Address Line #1 Address Line #2

\*City: \*State: \*Zip: \_ Contact Phone number:

# Respondent Information:

\*First Name: Middle Name:

\*Last Name: Suffix (Jr, Sr, II):

\*Date of Birth: (MM/DD/YYYY)

\*Eye Color:

\*Hair Color:

\*Sex:

\*Race:

\*Height feet \_\_\_\_\_\_ inches

\*Weight:

Distinguishing Features: (scars, marks, tattoos)

# Other Protected Persons Listed on the Order of Protection:

|  |  |  |
| --- | --- | --- |
|  | Person 1 | Person 2 |
| \*First Name: |   |   |
| Middle Name: |   |   |
| \*Last Name: |   |   |
| Suffix (Jr, Sr, II): |   |   |
| \*Date of Birth: |   |   |

|  |  |  |
| --- | --- | --- |
|  | Person 3 | Person 4 |
| \*First Name: |   |   |
| Middle Name: |   |   |
| \*Last Name: |   |   |
| Suffix (Jr, Sr, II): |   |   |
| \*Date of Birth: |   |   |

**Number of Hope Cards Requested:**

Note: You may request more than one card per individual. For example, if you wish to provide one to a child's school and another to the child's after-school care program.