

# Idaho Hope Card Request Form

Please note that you will need to refer to your current order of protection to complete this form. **This is not an application for a protection order.** You must already have a civil protection order valid for 6 months or more to request an Idaho Hope Card.

This form is intended to be completed, printed, and mailed to the Idaho Hope Card Administrator at the Idaho Office of the Attorney General. (Please see page two for mailing instructions.) Please do not e-mail this form. If you wish to submit a request for an Idaho Hope Card electronically, please complete the online form from the Attorney General's website at [www.ag.idaho.gov](http://www.ag.idaho.gov).

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

## PROTECTION ORDER INFORMATION

Case Number \*  Date Issued \*  Expires On   
In which court was the order granted \*  In which county was the order granted \*

## PETITIONER INFORMATION (Person who filed the protection order.)

First Name \*  Middle Name  Last Name \*   
DOB \*  Sex \*  Height \*    
Address\*  Home #   
City \*  State \*  Zip Code \*   
E-mail address:

## OTHER PROTECTED PERSONS INCLUDED IN ORDER (Up to 6 additional.)

1	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>
2	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>
3	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>
4	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>
5	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>
6	First <input type="text"/>	Last <input type="text"/>	DOB <input type="text"/>	Relation <input type="text"/>

## RESPONDENT INFORMATION (Person who is ordered to "stay away.")

First Name \*  Middle Name  Last Name \*   
DOB \*  Sex \*  Height \*   Weight \*  lbs.  
Hair Color \*  Eye Color \*

Distinguishing features (scars, tattoos or other marks)

## NUMBER OF HOPE CARDS

Please indicate how many Idaho Hope Cards you would like to receive\* (Up to 4)

(If additional cards are needed, please use the information below to contact the Idaho Hope Card Administrator.)

### ***Please complete and return to:***

#### ***Mail to:***

Idaho Office of the Attorney General  
Criminal Law Division  
Attn: Idaho Hope Card Administrator  
P.O. Box 83720  
Boise, ID 83720-0010

#### ***For questions concerning this form please contact:***

Idaho Office of the Attorney General  
Idaho Hope Card Administrator  
idhopecard@ag.idaho.gov  
Phone: (208) 334-4547

Please allow 4 weeks for delivery of your Idaho Hope Card.