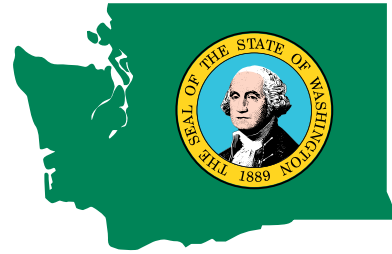


Washington Hope Card Request Form



Use this form to request a Hope Card, including requests for additional or replacement Hope Cards. You must already have a civil protection order issued by the court to request a Washington Hope Card. Please refer to your protection order paperwork to complete this form. This form is not an application for a protection order.

After your request is approved, a Hope Card will be issued for each protected person, plus an extra card.

If you do not have your case number, you can search for your case number here <https://dw.courts.wa.gov> or for the court directory https://www.courts.wa.gov/court_dir for assistance.

Fields marked with an asterisk (*) are required.

* Case Number:

* Issuing Court Name:

The address you enter is where your Hope Card(s) and related correspondence will be mailed. It is for internal use only and will NOT be printed anywhere on the card. Completed forms may be subject to public disclosure pursuant to [General Rule 31.1](https://www.courts.wa.gov/newsinfo/publication/generalrule31_1.pdf). (https://www.courts.wa.gov/newsinfo/publication/generalrule31_1.pdf)

Do not list any information you want to remain confidential.

Please enter name exactly as it appears on the protective order.

* Requestor First Name: Requestor Middle Name:

* Requestor Last Name: * Address One:

Address Two: * City:

* State: * Zip Code:

Mail complete form to: Administrative Office of the Courts, Hope Card Program, P.O. Box 41170, Olympia, WA 98504-1170
Call us for questions at: (360) 704-4042

Declaration:

By submitting this Hope Card Request Form, I affirm and acknowledge that I have read, understand, and agree with the above statements. I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this application are true and correct.

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Signature