

REQUEST FOR ISSUANCE OF HOPE CARD

Petitioner(s)

Vs.

Respondent(s)

Case Number: _____

Petitioner(s) Full Name(s) _____

Respondent(s) Full Name(s) _____

Petitioner phone number: _____

Petitioner email address: _____

Once completed, submit this form to hopecard@leeclerk.org. By submitting this form, I acknowledge that a Hope Card is valid for two (2) years after the date of issuance or until the end of the injunction term, whichever is earlier.