

**FILING OF FOREIGN PROTECTIVE ORDER**

Case Number: .....

Commonwealth of Virginia

VA. CODE § 16.1-279.1

Court

Name of Party Filing Foreign Protective Order: .....

Virginia Address of Party Filing Order: .....

Name of Person(s) Protected by the Order: .....

Name of Defendant/Respondent: .....

Issuing Jurisdiction: .....

STATE

COUNTY OR CITY

Name of Court which issued Order: ..... Case No.: .....

Date of Entry: ..... Expiration Date (if any): .....

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SIGNATURE OF PARTY FILING ORDER

**Defendant/Respondent's Description (for VCIN entry):**

Full Name: .....

Address: .....

Sex ..... Race ..... Date of Birth ..... SSN .....

Height ..... Weight ..... Hair ..... Eyes ..... Telephone No. ....

**CLERK'S CERTIFICATION**

An attested or exemplified copy of the above-identified foreign protective order has been filed with this Court.

.....  
DATE

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 CLERK  DEPUTY CLERK