

**FILING OF FOREIGN PROTECTIVE ORDER**

Commonwealth of Virginia

VA. CODE § 16.1-279.1

Case Number: \_\_\_\_\_

\_\_\_\_\_ 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): \_\_\_\_\_

\_\_\_\_\_  
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

\_\_\_\_\_  
CLERK

\_\_\_\_\_  
DEPUTY CLERK