

**Montana Department of Justice
Office of Victim Services
ADDRESS CONFIDENTIALITY PROGRAM
PO Box 210410, Helena, MT 59620-1410
(406) 444-5803**

CHECKLIST

I understand that:

- ___ I need to notify family, friends, businesses and government agencies that I have moved to a confidential location and now have an Address Confidentiality Program (ACP) mailing address. The ACP is a mail-forwarding service, so my mail will go first to the ACP office and ACP staff will then forward it to where I actually live. I understand that the ACP does not forward magazines, packages or presorted standard mail;

- ___ I share the ACP address (PO Box 201410) with many other participants. There may be other families with the same or similar name, so I will make sure the authorization code/private mailbox number (PMB #) ACP assigns me and my family is on all our mail. **I will contact the ACP before I move and will NOT file a change of address with the United States Postal Service** – submitting a change of address with the post office would place my name and new address on a national database that is widely distributed and easily accessible;

- ___ I realize that applying under a name other than my legal name could result in denial of ACP privileges or denial of services from other government agencies. I understand that the ACP cannot forward mail to me if it is addressed to a name different from the name (or names) I provided on the ACP application;

- ___ The ACP will send me an authorization card when my application is approved. It is my responsibility to let state and local government employees know that I am now an ACP participant. I know that to require a government agency to send my mail to the ACP substitute address, I will need to show them my ACP authorization card;

- ___ Government agencies often share information. I have discussed with a victim advocate the impacts of giving personal information to government agencies and private businesses. Giving information to one agency means many others may obtain that information. If I choose to give my actual address to a state or local government agency, that agency **does not have to** and **probably will not** keep my actual address confidential;

- ___ The only circumstances under which the ACP will release my street address and phone number is if a judge orders the program to do so or if a law enforcement agency requests it (see 40-15-118, MCA). I understand that the information I give to the ACP is confidential, but my participation in the ACP is **not**. If asked, the ACP will verify that I am a program participant and that the ACP substitute address is my legal mailing address;

- ___ My participation in the ACP will be cancelled if:
- I request cancellation
 - the ACP discovers that I provided false information on the ACP application
 - I move from the address I have given the ACP and do not notify the ACP in writing at least two days before I leave
 - mail forwarded to me is returned to the ACP as undeliverable, unclaimed or refused
 - I move permanently or temporarily out of state
 - I obtain a new identity with no cross reference to my old identity

___ I may register to vote as a Protected Records Voter by going to my County Treasurer (elections department). Registering to vote by any other method means my actual residence address will be a matter of public record. I will contact the ACP if I am interested in more information about confidential voter registration.

___ I am a victim of:
 Domestic Violence Sexual Offense Stalking

as evidenced by a document from one of the following categories (if available, please enclose a copy with your application):

___ law enforcement, court or other federal or state agency records or files;
(A document from this category is preferred.)

___ a domestic violence or sexual assault program if you are alleged to be a victim of domestic violence or sexual assault; or

___ a religious, medical or other professional from whom you have sought assistance in dealing with alleged domestic violence, a sexual offense or stalking.

___ I am a resident of Montana as evidenced by: (check and include one)

___ a copy of my Montana Driver's License;

___ a copy of my heating or electrical bill reflecting my Montana address; or

___ other documentation that reflects my Montana residency.

In addition to the above, I hereby designate the Attorney General as my legal agent for service of process and receipt of mail under 40-15-115, MCA. If the ACP accepts service of process or signs for certified mail addressed to me, it is as if I have received the documents, regardless of whether or not the ACP can get them to me. I authorize the Office of the Montana Attorney General to act on my behalf or in my place when it comes to my mail and service of process.

Signature of Applicant: _____ **Date:** _____

Signature of Adult Co-Applicant: _____ **Date:** _____