

ADDRESS CONFIDENTIALITY PROGRAM APPLICATION
Section 40-15-117 MCA

<u>Please submit a completed application to any of the following:</u>	
Mailing address: ACP PO Box 201410 Helena, MT 59620-1410	Email: dojdciacp@mt.gov Fax: (406) 444-5335

<u>FOR ACP USE ONLY</u>	
ACP #	Filed:
	Expiration:

SECTION 1: APPLICANT INFORMATION

Type of application:		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Information		
APPLICANT'S LEGAL NAME <i>(First, Middle, Last)</i>		DATE OF BIRTH <i>(mm/dd/yyyy)</i>
APPLICANT'S PREFERRED NAME	APPLICANT'S PREFERRED PRONOUNS	
	<input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> (if not listed above, please list) _____	
APPLICANT'S ALIAS <i>(if applicable)</i>		
Has the applicant ever participated in a confidential address program in Montana, or in another state?		If yes, in which state?
<input type="checkbox"/> Yes <input type="checkbox"/> No		
CO-APPLICANT NAMES <i>(First, M, Last) – Use additional paper if needed</i>	DATE OF BIRTH <i>(mm/dd/yyyy)</i>	RELATIONSHIP TO APPLICANT

SECTION 2: CONTACT INFORMATION

SELECT YOUR PREFERRED METHOD OF CONTACT: <i>(select all that apply)</i>	
<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Other <i>(if checked, please specify)</i> _____	
TELEPHONE NUMBER <i>(if applicable)</i>	EMAIL ADDRESS <i>(if applicable)</i>
IS IT SAFE TO LEAVE A VOICEMAIL TO THE ABOVE PHONE NUMBER? <i>(if applicable)</i>	IS IT SAFE TO LEAVE AN EMAIL TO THE ABOVE EMAIL ADDRESS? <i>(if applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: ADDRESS INFORMATION

CONFIDENTIAL PHYSICAL ADDRESS (Participant's actual residential address/physical location is **required** to participate in ACP)

STREET ADDRESS:		APARTMENT/SUITE #: (if applicable)	
CITY:	STATE: MT	ZIP:	COUNTY:

CONFIDENTIAL MAILING ADDRESS (please complete if different than your physical address)

STREET ADDRESS:		APARTMENT/SUITE #: (if applicable)	
CITY:	STATE: MT	ZIP:	COUNTY:

BUSINESS NAME AND ADDRESS (Fill out only if applicant owns a business)

Business Name:	Address:
City:	State: MT ZIP:

SECTION 4: APPLICANT ACKNOWLEDGEMENT, DESIGNATION & PARTICIPANT AGREEMENT

APPLICANT ACKNOWLEDGEMENT: (please read and check all that apply)

I (or the applicant for whom I am the parent/guardian of), acknowledge and state that I (or the applicant for whom I am the parent/guardian of) have good reason to believe that I have experienced:

- Partner or Family Member Assault
- Sexual Assault
- Stalking
- Human Trafficking
- Other (please specify) _____
- Or a person eligible to petition for an order of protection

APPLICANT DESIGNATION: (please read the following)

I, (or the applicant for whom I am the parent/guardian of), hereby designate the Montana Department of Justice Address Confidentiality Program (ACP) as my agent for service of process and mail receipt pursuant to 40-15-117, MCA which includes the following:

- (i) to receive service of process and mail address to the participant; and
- (ii) forward to the participant any process served on the participant and all mail received on the participant's behalf.

PARTICIPANT AGREEMENT (please read the following)

I understand that, **if approved:**

1. The ACP is a mail-forwarding service, mail will go first to the ACP office and ACP staff will then forward it to the confidential mailing address that I provide to them.
2. The ACP does not forward magazines, packages, or presorted standard mail.
3. I may request that the ACP place a hold on my mail and that the program will only hold my mail for up to 30 days. If I do not contact the program to reinstate service once the 30 days expire, the mail will be returned to the sender.

4. The only circumstances under which the ACP will release my confidential 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). The information given to the ACP is confidential, but my participation in the ACP is not. ACP may verify that I am a program participant, and that the ACP substitute address is my legal mailing address.
5. There may be other families with the same or similar name as my own. I will ensure that the private mailbox number (PMB #) that the ACP assigns me is included on all my mail.
6. I must notify the ACP of any information change.
 E.g. Name change, address/contact information change, household member addition or removal.
7. If I file a change of address with the United States Postal Service, it may place my name and new address on a national database that is widely distributed and easily accessible.
8. The ACP will mail me an ACP card which includes a private mailbox number (PMB #).

I understand that my participation in the ACP **will be cancelled if:**

1. I request cancellation in writing or email dojdciacp@mt.gov .
2. The ACP discovers that I *knowingly* provided false information on the ACP application.
3. I move from the address I have given to the ACP and do not notify the ACP in writing at least two days before I leave.
4. Mail forwarded to me is returned to the ACP as undeliverable, unclaimed, or refused.
5. I move permanently or temporarily out-of-state.
6. I obtain a new identity with no cross reference to my old identity.

I, (or the applicant for whom I am the parent/guardian of) certify that to the best of my knowledge the information provided on this form is true and accurate.

Signature of Applicant or Parent/Guardian:

Date:

**SECTION 5: APPLICANT VOTER REGISTRATION
(ONLY IF APPLICANT IS ELIGIBLE TO VOTE)**

I may register to vote as a Protected Records Voter by going to my County Treasurer (local elections department). If I choose to register to vote by any other method, my actual physical address will become a matter of public record.

IS THE APPLICANT REGISTERED TO VOTE?

DOES THE APPLICANT WISH TO CHANGE THEIR VOTER REGISTRATION ADDRESS TO THE ACP SUBSTITUTE ADDRESS?

- Yes
 No

- Yes
 No