

## **ACP CHECKLIST**

Please use the ACP Checklist to successfully complete and submit your application to the Office of Victim Services. **You may keep this page for your personal reference and/or records.**

I am a resident of Montana as evidenced by: *(please check which method of proof you will use and include a copy of that document with your application)*

- A copy of my Montana Driver's License
- A copy of my heating or electrical bill reflecting my Montana address; or
- A copy of other documentation that reflects my Montana residency

I have experienced.... *(check all that apply)*

- Partner or Family Member Assault
- Sexual Assault
- Stalking
- Human Trafficking
- Or I am eligible for an Order of Protection
- Other, if checked, please specify on the ACP application

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

- Law Enforcement, court, or other federal or state agency records; or  
*(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 medical provider, mental health specialist, or other professional from whom you have sought assistance in dealing with alleged domestic violence, sexual offense, and/or stalking