

ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Section 40-15-117 MCA

Please mail completed application to:

ACP
PO Box 201410
Helena, MT 59620-1410

| | |
|-------------------------|--------|
| <i>For ACP Use only</i> | |
| ACP # | Filed: |

| | | | | |
|--|--|--|--|--|
| Type of application: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Renewal (see below) <input type="checkbox"/> New Name <input type="checkbox"/> _____ If filing for Renewal; Name, Notary, or any other changes in information are required. | | | | |
|--|--|--|--|--|

| | |
|---|-----------------------------------|
| APPLICANT'S LEGAL NAME (First, Middle, Last) | DATE OF BIRTH (mm/dd/yyyy) |
|---|-----------------------------------|

| | |
|------------|--|
| Mr. Ms. | |
|------------|--|

Has applicant ever participated in a confidential address program in Montana or in another state? YES NO
 If yes, in what state?

| | | |
|--|-----------------------------------|----------------------------------|
| CO-APPLICANT NAMES (First, MI, Last) – Use additional paper if needed | DATE OF BIRTH (mm/dd/yyyy) | Relationship to applicant |
|--|-----------------------------------|----------------------------------|

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| A. | | |
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| B. | | |
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| C. | | |
|----|--|--|

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

Street Address: _____ Apt/Suite#: _____

City: _____ MT ZIP: _____ County: _____

| | | |
|---------------------------|-------------------------------|-------------------------------------|
| DAY TELEPHONE () | EVENING TELEPHONE () | MESSAGE/OTHER TELEPHONE () |
|---------------------------|-------------------------------|-------------------------------------|

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

Business Name: _____ Address: _____

City: _____ MT ZIP: _____

I am (or the applicant for whom I am the parent/guardian is) a victim of:

- sexual assault** or
 domestic violence or
 stalking.

I am a resident of the State of Montana and have recently relocated to a place unknown to the abuser. I have determined that the Address Confidentiality Program (ACP) should be part of my safety plan. I understand that knowingly providing the ACP with false or incorrect information is punishable under 45-7-202, MCA or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained on this form is true and accurate.

I hereby designate the Montana Attorney General as my agent for service of process pursuant to 40-15-117, MCA. I understand that moving from the above residential address or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP.

 Signature of Applicant or Parent/Guardian Date

State of _____)
 County of _____)

On this _____ day of _____, in the year 2____, before me _____, a notary public, personally appeared _____, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

(Seal)

 NOTARY PUBLIC
 My Commission Expires: _____

Montana Department of Justice
Office of Victim Services
ADDRESS CONFIDENTIALITY PROGRAM
PO Box 201410, Helena, MT 59620-1410
(406) 444-4280

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;

- ___ I may request that the ACP program place a hold on my mail, that the program will only hold my mail up to 30 days, and if I do not contact the program to re-instate service once the 30 days expires, the mail will be returned to sender.

- ___ 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:** _____