



ADDRESS CONFIDENTIALITY PROGRAM APPLICATION



SECTION 1: APPLICANT INFORMATION

Type of application	Please mail, fax or email completed application and checklist to:		
<input type="checkbox"/> New <input type="checkbox"/> Renewal	IDAHO ADDRESS CONFIDENTIALITY PROGRAM P. O. Box 1737 Boise, ID 83701-1737		
	Email: acp@sos.idaho.gov	Fax: (208) 334-2282	
	Phone: (208) 334-2852		

Applicant's Legal Name		
First	Middle	Last

Aliases (If any)	Date of Birth

Has applicant participated in a confidential address program in another state?	Last Four Digits of Social Security Number (Optional)
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which state?	

SECTION 2: MINORS AND INCAPACITATED PERSONS *(Note: Adult applicants must complete and sign separate applications and checklists.)*

Name	Birthdate	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		

SECTION 3: ADDRESS AND CONTACT INFORMATION *(Note: Will NOT be disclosed.)*

Contact Information	
Phone Number	Email Address

Mail-Forwarding Address			
Street Address			Apartment Number
City	State	Zip Code	County

Residence Address <i>(If different from above)</i>			
Street Address			Apartment Number
City	State	Zip Code	County

SECTION 4: CERTIFICATION

- I am a survivor of domestic violence, sexual assault, stalking, human trafficking, or malicious harassment, and I fear for my safety and the safety of my child(ren) or an individual for whom I am a guardian.
- I believe that disclosure of my actual address would endanger my safety or the safety of my household members.
- By enrolling in the Idaho Address Confidentiality Program, I knowingly and voluntarily designate the Idaho Secretary of State as my agent for purposes of service of process and receipt of first-class, certified, and registered mail.
- I also release and waive all future claims against the State of Idaho for any claim that may arise from participation in the program except for a claim based on gross negligence.
- I now live at a location unknown to the abuser.
- I have received and understand the ACP "Checklist of Understanding" which is part of this application.
- I understand that knowingly providing the ACP with false or incorrect information may jeopardize my participation in the program.
- I solemnly swear or affirm that to the best of my knowledge all of the information contained in this application is true.

Applicant Printed Name:	Applicant Signature:	Date:
-------------------------	----------------------	-------

SECTION 5: APPLICATION ASSISTANT *(If applicable)*

I assisted in the preparation of this application and believe that the Applicant's overall safety plan should include the Address Confidentiality Program.

Signature:	Registration Number:	Date:
Printed Name:	Agency Name:	Agency Phone Number:



ADDRESS CONFIDENTIALITY PROGRAM CHECKLIST OF UNDERSTANDING



SECTION 7: INSTRUCTIONS

Please initial each paragraph and include completed checklist with your application.

REASON FOR ENROLLMENT

(Initial Here)

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

(Initial Here)

I understand it is my responsibility to notify state and local government agencies that I participate in the ACP. When my application is processed, the ACP will send me an authorization card printed with my ACP substitute address. If I want a state or local government agency to accept my ACP substitute address instead of my home address, I need to show my ACP authorization card to the agency employee;

(Initial Here)

I understand that I share the ACP address (P. O. Box 1737, Boise, ID 83701-1737) with many other participants. The ACP receives a large volume of mail each day. I understand that if the authorization card number ACP assigns me is not on my mail, my mail may be delayed or may never reach me;

(Initial Here)

I understand that I am required by law to notify the ACP at least 7 days before I move to a new address or have a name change. I know that if I submit a mail-forwarding order for my new address to the U. S. Postal Service, it will be placed on a national database, therefore, I will only use my substitute ACP address;

(Initial Here)

I understand that only state and local government agencies are required to accept my ACP substitute address in place of my home address. Private companies such as banks, grocery or department stores, credit reporting agencies, etc. are not required to accept my ACP substitute address, but I should ask these companies to use my ACP address. Companies providing utilities and insurance, for example, must have my home address to provide services. In these cases, it is my responsibility to explore safe options;

(Initial Here)

Idaho State law prohibits the ACP from releasing any information from any participant's file. I understand the only circumstances under which the ACP will release my file information – including street address and phone number – are if a court orders the program to release it or if requested by a law enforcement agency, to the law enforcement agency. I understand that the information I give to the ACP is confidential, but my participation in the ACP is not. If asked by a state or local agency, the ACP will verify that I am a program participant and that the ACP substitute address is my legal mailing address;

(Initial Here)

I understand that my participation in the ACP will be canceled if: 1) I submit a notarized withdrawal request; 2) the ACP discovers that I provided false information on the ACP application; 3) I change my name or move from the address and do not notify ACP in advance; 4) mail forwarded to me is returned to the ACP as undeliverable;

(Initial Here)

I understand that I may register to vote and must notify the clerk that I am a participant in the Address Confidentiality Program. I must appear in person at the office of the county clerk in the county that I reside in to register to vote or to make changes in my voter registration. Registering to vote by any other method means that my actual residence address will be a public record.

SIGNATURE

Signature of Applicant or Parent/Guardian:

Date: