



**Connecticut Secretary of the State
Address Confidentiality Program Application**

Applicant Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Contact #s: _____
Daytime Telephone Evening Telephone
(if available)

New Mailing Address
(Address where ACP will send the applicant's mail) : _____
Full Street Address (including Apartment or Suite # or P.O. box #)

City/Town State Zip Code

New Connecticut Residence Address : _____
Full Street Address (including Apartment or Suite #)

City/Town State Zip Code

New Work Address:
(if any) _____
Name of Employer

Full Address (including Apartment or Suite #)

City/Town State Zip Code

New School Address:
(if any) _____
Name of School

Full Address

City/Town State Zip Code

I am a victim of family violence, sexual assault, injury or risk of injury to a minor, or stalking or I am the parent, guardian or conservator of the person of a victim of family violence, injury or risk of injury to a minor, sexual assault or stalking. I fear for: a) my safety; b) the safety of my children; c) the safety of the person on whose behalf the application is made; or d) the safety of the children of the person on whose behalf the application is made. I understand that I am making this statement under penalty of false statement, as provided in section 53a-157b of the Connecticut General Statutes. I hereby designate the Secretary of the State as the agent of the applicant or the person on whose behalf the application is made for service of process and for receipt of first class mail.

Print name of Applicant _____ Date: _____
(or parent/guardian/conservator)

Signature of Applicant: _____ Date: _____
(or parent/guardian/conservator)

Print name of Application Assistant _____ Date: _____

Signature of Application Assistant _____ Date: _____



**Connecticut Secretary of the State
Address Confidentiality Program (ACP)
Application Checklist**

(Please place a check next to each statement after you have reviewed it with the application assistant).

- I have reviewed the benefits and limitations of the ACP with the application assistant and read the program guide. I understand the limitations of the ACP and my responsibilities as a participant in the ACP.
- I understand that my participation in the ACP is for a period of four (4) years. At the end of the four year period I must renew my participation in the ACP by filing a renewal application, as directed by the Secretary of the State, in order to continue my participation in the program.
- I understand that my participation in the ACP may be cancelled if: (1) I change my name or confidential address and fail to notify the Secretary of the State in writing not later than thirty days after the change; (2) mail forwarded to me is returned to the Secretary of the State as nondeliverable; (3) my certification expires and I have not applied for renewal; or (4) my application for program participation or renewal contains false information.
- I understand that the ACP may not release my actual address to a third party unless: (1) it is requested by a law enforcement agency or by the State Elections Enforcement Commission; (2) if directed by court order; or (3) if my participation in the program has been cancelled.
- I understand that my participation in the ACP is not confidential. If asked, the Secretary of the State may confirm only that I am participating in the program but may not release my confidential address.
- I understand and have discussed the impacts of sharing personal information with government agencies and private businesses. I understand that if I provide my real address to a government agency or private company my information may not be protected.
- The ACP is a mail forwarding service. By participating in the ACP, my mail will go first to the ACP and then the ACP will forward it to me. Participating in the ACP means it may take longer for me to receive my mail, including bills. The ACP will only forward first class mail. Magazines and packages will not be forwarded.
- I understand that the ACP cannot forward mail to me if it is addressed to a name other than the name on the enclosed application (for example, a nickname or a former name). I understand that I share the ACP address with other program participants. I understand that any time I move I will provide my new address, in writing, to the ACP and will not file a change of address with the United States Postal Service.
- By participating in the ACP, I am designating the Secretary of the State as my agent for service of process. This means that the Secretary of the State will accept legal documents on my behalf. I understand that service is effective as of the date and hour received by the Secretary of the State and that participating in the ACP means it will take longer for me to receive such process.
- It is my responsibility to let public agencies (state and municipal) know that I am an ACP participant and that I want to use the ACP substitute address. I understand that I must produce the ACP certification card whenever I am requesting ACP privileges.
- I understand that if I give a government agency my actual address, that agency is under no obligation to keep my information confidential.
- I understand that private companies (such as telephone and power companies, insurance agents, credit reporting agencies, department stores, title companies, etc.) don't have to accept my ACP substitute address. It is my responsibility to explore other options which may provide additional security when the ACP address is not accepted.

The applicant or the person on whose behalf the application is made, is a victim of family violence; sexual assault, injury or risk of injury to a minor; or stalking, and fears for their safety. I have helped the applicant develop a safety plan that we believe should include the ACP.

Name of Applicant _____ Signature _____ Date: _____
(please print)

Application Assistant _____ Agency: _____ Telephone: _____
(please print)

Signature _____ Date: _____

Please mail completed application to: Attn: ACP; P.O. Box 150469;
Hartford, CT. 06115-0470



**Connecticut Secretary of the State
Address Confidentiality Program**

Summary of the Program: The Address Confidentiality Program (ACP) provides services to victims of crime. The ACP became effective on January 1, 2004. Program participants are residents of the State of Connecticut who have recently relocated and whose new location is unknown to the abuser and undocumented in government records. The goal of the Address Confidentiality Program is to help crime victims (family violence, sexual assault, injury or risk of injury to a minor, or stalking) keep their new address confidential.

The ACP offers its participants two services each of which helps keep the victim's new location secret. One part is the participant's use of an ACP substitute mailing address. The ACP provides cost-free mail forwarding services. The Office of the Secretary of the State serves as each program participant's legal agent for service of process and receipt of first class mail. The second part of the program prevents public access to a participant's actual address on government records including voter registry lists and keeps marriage records confidential.

The ACP Substitute Address: The ACP assigns each program participant a substitute address. The substitute address has no relation to a participant's actual location. The ACP address is a post office box and fictitious street address in Hartford, Connecticut. All ACP participants use the same address. The program assigns each participant a certification code to help differentiate their mail. A program participant's mail must include the corresponding certification code. Then the program forwards 1st class mail to each participant's actual residential address.

The Secretary of the State issues certification cards to each program participant. The certification card includes the program participant's name and signature, a certification code, the program address and the certification expiration date. When a program participant presents his/her certification card, public agencies (state and municipal) must accept the ACP substitute address as though it is a person's actual residential address.

Program participants choose when to use the substitute address. They decide if and when they reveal their actual address to a government employee. When an ACP participant chooses to reveal his/her actual address, the public agency is not legally obligated to keep that information confidential. In unusual situations, an agency may petition the Office of the Secretary of the State for an exemption to the ACP laws. If the Office of the Secretary of the State grants the agency an ACP exemption, program participants involved with that agency may have to reveal their actual location. Prior to granting an exemption, the Secretary of the State shall notify the program participant of the exemption, including the name of the agency and the reason(s) for the exemption. The Secretary of the State may not make any records in a program participant's file, other than the program address, available for inspection or copying except: (1) when a written request is made by the head of a law enforcement agency or the State Elections Enforcement Commission; (2) when directed by court order to release the information; and (3) when the program participant's certification has been cancelled. The Secretary of the State will, however respond to written requests to verify if a person is or is not a current program participant.

ACP Protected Records: An ACP participant, may present their certification card and request that their marriage records be kept confidential; their street and house number not be listed on a voter registry list; or that an agency use their program address in lieu of their confidential address. Marriage records and voter addresses will be kept confidential and will not be made available for inspection or copying except when: requested by a law enforcement agency; directed by court order; or notified by the Secretary of the State that the program participant's certification has been cancelled. Agencies will accept and use the program address as the program participant's residential, work or school address, in lieu of the participant's confidential address, unless the agency receives an exemption from the Secretary of the State.

Applying for ACP Participation: The Address Confidentiality Program provides substitute address services to residents of Connecticut. An applicant must be a victim of family violence, injury or risk of injury to a child, sexual assault or stalking, who has permanently and confidentially moved away from their abuser. Men, women and children can participate in the program. Participants complete applications through a community based domestic violence or sexual assault crisis program. These programs are located throughout the state. The application process involves meeting with an application assistant and receiving orientation information about the program. Application Assistants send the completed applications to the ACP office. The ACP office reviews the applications then assigns the ACP substitute address, certification code and creates an ACP Certification Card.



**Connecticut Secretary of the State
Address Confidentiality Program
New Participant Guide**

Welcome to the Connecticut Address Confidentiality Program.

This program has been established by the State Legislature as a way to assist victims of family violence, sexual assault, injury or risk of injury to a minor, or stalking, to limit their abuser's ability to reach them by tracking their address through public records. Because the Address Confidentiality Program (ACP) utilizes a special mailing system, it is important that you understand how it works. Please take a moment to read this pamphlet and become familiar with the mailing procedures used by the ACP.

Substitute Address:

Now that you are an Address Confidentiality Program participant, you can begin using your ACP address. You can request that public agencies (state and municipal) in Connecticut use the ACP address as your residential, work or school address for all purposes for which the agency requires or requests such address. Your substitute address includes your certification code and should look like this:

Your Name
P.O. Box 150469
Your certification code
30 Trinity Street
Hartford, CT. 06115-0470

Private companies (like department stores, banks, phone companies, insurance agents) do not have to accept the substitute address. However, many businesses are willing to do so. Don't hesitate to ask them to send all your mail to your ACP address.

To Keep Your Real Address Private:

It is your responsibility to help keep your real address private. It is up to you to decide who, if anyone, has your real address. If you choose to give your real address to a public agency, they don't have to keep the information confidential. Remember that you will need to individually request that public agencies, business, family or friends use the ACP substitute address. You will also need to make sure that they know how to properly address your mail. Mail that is not properly addressed may be delayed or will be returned to sender. Your mail needs to be addressed exactly as it appears on your ACP certification card.

Certification Card:

Your ACP certification card includes your name and signature, a certification code, the program address and the certification expiration date. It is your responsibility to tell public agency employees that you are a participant in the Address Confidentiality Program and to ask them to use the address printed on your certification card. Remember to ask everyone who sends mail to the program address to include your certification code. The certification code separates your mail from the mail of other program participants. Remember also, that if you change your name or confidential address from the name or address listed on the program application, you must notify the Secretary of the State, in writing, no later than thirty days after the change.

Marriage Records and Voter Registration:

If you get married, you may request that your marriage records be kept confidential. To do so, you must appear in person, with your spouse or intended spouse, before the authorized personnel for the office of the registrar of vital statistics in the municipality where the marriage was or is to be celebrated, and present your ACP certification card.

When you register to vote or when you change your registration information, you may request to be listed on a voter registry without your street and house number. To do so, you must present your ACP certification card to the authorized personnel for the office of the registrar of voters for the municipality in which you are eligible to vote or where you have applied for such eligibility.

We Are Your Legal Agent:

When you signed the ACP application, you designated the Secretary of the State as your agent for service of process and for receipt of first class mail. You cannot refuse to accept mail the ACP forwards to you. It is important that you understand that participating in the ACP means it will take longer for you to receive legal process. However, service of such process is effective as of the date and time it is received by the Secretary and not when it is received by you.

Program Renewal and Cancellation:

You have been certified in the ACP as a program participant for a period of four (4) years. Near the end of the four (4) year period you will be notified by the Secretary of the State concerning the filing of a renewal application to continue in the ACP.

The Secretary of the State may cancel your participation in the ACP if:

- (1) You change your name or confidential address and fail to notify the Secretary of the State in writing not later than thirty days after the change;
- (2) Mail forwarded to you is returned to the Secretary of the State as nondeliverable (please note: the Secretary of the State will return such mail to sender);
- (3) Your certification expires and you have not applied for renewal;
- (4) Your application for program participation or renewal contains false information.

The Secretary of the State will mail a cancellation notice to you if your participation in the ACP is cancelled. There are procedures that allow you to appeal the cancellation. You must file this appeal within 30 days of the date the cancellation notice is mailed to you. You may reapply to the program after a cancellation.

Confidentiality of Records:

Your records are confidential and cannot be released by ACP staff unless directed by a court order or directed by an approved written request made by the head of a law enforcement agency or the State Elections Enforcement Commission, or if your participation has been cancelled. In unusual situations, an agency may petition the Office of the Secretary of the State for an exemption to the ACP laws. If the Office of the Secretary of the State grants the agency an ACP exemption, program participants involved with that agency may have to reveal their actual location. Prior to granting an exemption, the Secretary of the State shall notify the program participant of the exemption, including the name of the agency and the reason or reason(s) for the exemption. Generally, an agency that is granted an exemption may not make the program participant's confidential address available for inspection or copying by persons other than those identified in the exemption request as having access to the confidential address. The law provides that you may appeal the Secretary of the State's decision to grant an exemption.

The ACP is Only One Part of Your Safety Strategy:

The Address Confidentiality Program is only one small piece of your overall safety plan. Combined with other safety strategies, the ACP can help you start a new life. However, by itself, the ACP cannot keep you safe. Local domestic violence and sexual assault programs provide help and advice to crime victims about how to stay safe.



**Connecticut Secretary of the State
Address Confidentiality Program
List of Entities that employ application assistants**

- (1) Connecticut Sexual Assault Crisis Services, Inc.
96 Pitkin Street
East Hartford, CT. 06108

Web: www.connsacs.org
Tel., (860) 282-9881

24 Hour Statewide Toll-Free Hotline
(the Hotline will connect you with the Sexual Assault Crisis Center nearest you)

1-888-999-5545 (English)
1-888-568-8332 (Spanish/en Espanol)

- (2) Connecticut Coalition Against Domestic Violence
90 Pitkin Street
East Hartford, CT. 06108

Web: www.ctcadv.org
Tel., (860) 282-7899

24 Hour Statewide Toll-Free Hotline
(the Hotline will connect you with the Domestic Violence program nearest you)

1-888-774-2900