

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
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.

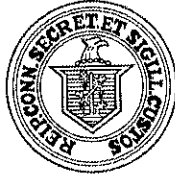
Marriage Records and Voter Registration:

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.



**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.comsacs.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 Español)

- (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

Secretary of the State
165 Capitol Avenue
Post Office Box 150469
Hartford, CT 06115-0469



Address Confidentiality Program
Certification Card Signature

Instructions: Persons applying for program participation must sign the form where indicated. A parent, guardian or conservator may sign on behalf of a prospective program participant. An administrator from the Office of the Secretary of the State will sign the bottom of the form. Please remember to return this form with your completed application and checklist to:

ACP
P.O. Box 150469
Hartford, CT 06115-0469

<p>_____</p> <p><i>Signature of participant or parent/guardian</i></p> <p>Certification code, name, address and zip code shall be used on all correspondence to this participant.</p> <p>If you have any questions regarding the Address Confidentiality Program, or the valid use of this certification card please call 860-509-6006.</p> <p>Administrator: _____</p>
