



Connecticut Secretary of the State  
Safe at Home -  
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 CT State Zip Code

**New Connecticut Residence Address:**

\_\_\_\_\_  
Full Street Address (including Apartment or Suite #)  
\_\_\_\_\_  
City/Town CT State Zip Code

**New Work Address:**

(if any)

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Full Address (including Apartment or Suite #)  
\_\_\_\_\_  
City/Town CT State Zip Code

**New School Address:**

(if any)

\_\_\_\_\_  
Name of School  
\_\_\_\_\_  
Full Address  
\_\_\_\_\_  
City/Town CT 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 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; or c) the safety 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  
Safe at Home -  
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 summary. 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: ACP; P.O. Box 150469; Hartford, CT. 06115-0469