

# APPLICATION INSTRUCTIONS

## — ADDRESS CONFIDENTIALITY PROGRAM



Completed application and notarized statement can be submitted by mail or email to the ACP (see the application for details).

This application must be completed with the assistance of an Application Assistant or Victim Advocate. Please review the instructions and complete all required fields before submitting the application to the ACP.

**Please print clearly or type all information in this application.**

## SECTION 1: APPLICANT INFORMATION

### **Application Type:**

Select NEW if applying for the Address Confidentiality Program for the first time or select RENEWAL if renewing participation in the ACP and please include the ACP ID number.

### **I am applying on behalf of:**

A person can apply on their own behalf or as parent or legal guardian applying on behalf of a minor (person under 18 years of age) or a ward. If applying on behalf of a minor or ward, you must have the legal authority to act on the person's behalf.

### **Contact Information of the adult, parent or guardian**

Include legal name and other names that may appear on your mail, date of birth, gender, phone numbers, and email address.

### **Accommodations**

Indicate any special accommodations that may be needed to receive or send communication to the ACP.

### **Identification**

Provide a driver's license/state ID number to be issued a corrected driver's license/state ID card from the Secretary of State with the designated address.

Include the last 4-digits of the Social Security to be issued a corrected driver's license, state ID card, updated voter registration card or to register to vote.

*Note:* A driver's license/state ID or social security number is not required to participate in the Address Confidentiality Program.

### **Jury Duty**

Select the check box to be exempt from state and local jury duty. ACP does not exempt an applicant from federal jury duty.

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### SECTION 2: MINORS OR WARDS (IF APPLICABLE)

Include the name, date of birth, relationship to the applicant and driver's license or state ID (if applicable) of the minor or ward to be included in the ACP.

### SECTION 3: OTHER ADULTS IN THE HOUSEHOLD (IF APPLICABLE)

Complete this section if there are other adults in the household that will be enrolling in the ACP. Please include the name, email address, date of birth and relationship to the applicant. Providing this information will help the ACP link members in the same household.

Each adult must complete and sign a separate application. All adult members of the household are strongly encouraged to participate in the program to prevent accidental disclosure of the confidential address.

### SECTION 4: ADDRESS INFORMATION

Complete this section. The actual physical address of the person applying for the ACP is required for participation.

If the applicant would like mail delivered to an address different than the actual physical address, please fill out the mailing address.

### SECTION 5: OFFENDER INFORMATION (OPTIONAL)

Some state departments, governmental agencies and law enforcement may receive information from the ACP, if a request is deemed a legitimate governmental purpose. If the offender's occupation could receive access to information, it is especially important to complete this section.

### SECTION 6: PROGRAM ELIGIBILITY - VICTIMIZATION CRITERIA

Check all boxes that apply. One of the following criteria must be met to be eligible for the ACP.

1. An adult who is a victim of: (1) domestic violence (2) sexual assault (3) human trafficking (4) stalking, or (5) an individual at risk of threat or harm if your address was disclosed.
2. A parent or guardian acting on behalf of a minor children who is a victim of (1) domestic violence (2) sexual assault (3) human trafficking (4) stalking, or (5) an individual at risk of threat or harm if the minor's address was disclosed.
3. A guardian acting on behalf of a ward who is a victim (1) domestic violence (2) sexual assault (3) human trafficking (4) stalking, or (5) an individual at risk of threat or harm if the ward's address was disclosed.

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### SECTION 7: ATTACH DOCUMENTATION

*A notarized statement must be included with the ACP application.* The notarized statement can be downloaded from the [ACP website](https://mi.gov/agacp) (mi.gov/agacp).

How to get a document notarized:

- *Option 1:* Notary personally knows the individual who is requesting a notarial act.
- *Option 2:* Signer provides a valid driver license, passport or other pictured state/federal issued personal identification card.
- *Option 3:* Notary upon the oath or affirmation of a credible witness personally known by the Notary, and the witness personally knows the individual.

Where to find notary services: City and county clerk's office, banks, credit unions, UPS, FEDEX, your place of employment, colleges, and universities. A list of notaries is also found on the [Secretary of State website](https://dsvsesvc.sos.state.mi.us/TAP/_/#) at Michigan Department of State e-Services (https://dsvsesvc.sos.state.mi.us/TAP/\_/#).

The Application Assistant or Victim Advocate's organization may also have notary services.

### SECTION 8: MICHIGAN VOTER REGISTRATION

Check the appropriate box related to voter registration.

To register to vote, complete the ACP Voter Registration form if you have never been issued an MI driver's license or state ID card. The form can be downloaded from the [ACP website](https://mi.gov/agacp) (mi.gov/agacp) or by [contacting the ACP by email](mailto:AG-ACP@michigan.gov) (AG-ACP@michigan.gov).

### SECTION 9: ACKNOWLEDGEMENT

Check the box to confirm you have read and understand the acknowledgments and the ACP Privacy Statement.

*The applicant or parent/guardian must sign and date the application before it can be submitted to the ACP.*

The Application Assistant or Victim Advocate must complete and sign the *Office Use Section* before it can be submitted to the ACP.