

NOTARIZED STATEMENT

— ADDRESS CONFIDENTIALITY PROGRAM



This notarized statement must be signed by the applicant in the presence of a notary public and submitted with the ACP application, continuance application or cancellation form. If you have any questions, please contact ACP (AG-ACP@mi.gov) or 313-456-0190.

Check all that apply:

- I affirm that disclosure of my address will increase my risk of being threatened or physically harmed by another person, or
- I am a victim of domestic violence, stalking, human trafficking, or sexual assault.
- I am the legal parent of a minor or the guardian of a minor appointed by a court and affirm that the disclosure of the address will increase the risk that the minor will be threatened or physically harm by another person or that the parent or guardian, or the minor, is a victim of domestic violence, stalking, human trafficking, or sexual assault.
- I am the guardian of a ward appointed by a court and affirm that the disclosure of the address will increase the risk that the ward will be threatened or physically harmed by another person or that the guardian or ward is a victim of domestic violence, stalking, human trafficking, or sexual assault.

PRINT NAME (FIRST/LAST)

SIGNATURE

DATE

NOTARY'S CERTIFICATION OF ACKNOWLEDGEMENT

Subscribed and sworn before me on
Enter date

Signature

, Notary Public
Print or type notary name

State of Michigan,
Enter county name

County Commission expires
Enter date

Acting in County
Enter county

