

ADDRESS CONFIDENTIALITY PROGRAM RENEWAL APPLICATION

FOR ACP USE ONLY
DATE FILED: _____

PRINT CLEARLY using blue or black ink.

Per Oregon Revised Statute 192.820-192.868 and Oregon Administrative Rule 137-079-0110 through 137-079-0210

Every member of the household **MUST** be listed as a co-applicant on the primary application to receive ACP services.
Every member of the household who is 18 years or older must complete their own application to receive ACP services.

CURRENT ACP CODE:

Primary Applicant (Victim) Primary Applicant (Minor Victim) Adult Co-Applicant who resides with Primary Applicant

APPLICANT NAME: (Last, First, Middle) **PRINT CLEARLY** Include AKAs _____

BIRTHDAY: (mm/dd/yyyy) _____

PERPETRATOR'S NAME: *Who do you need to stay safe from?* _____

CO-APPLICANT NAME(S) (Last, First, Middle)	BIRTHDAY (mm/dd/yyyy)	RELATIONSHIP TO APPLICANT
1		
2		
3		
4		

List additional co-applicants on a separate sheet of paper if necessary.

RESIDENTIAL / ACTUAL ADDRESS: (The address that needs to be kept confidential) ****REQUIRED TO APPLY****

Address: _____ City: _____ Zip Code _____
County: _____

CURRENT ADDRESS: check one that best applies to your situation

Check one: Shelter Rental Living with family/friends Other (please specify): _____

MAILING ADDRESS: (Where you want to receive your mail, if different from above)

Address: _____ City: _____ Zip Code _____

TELEPHONE CONTACT INFORMATION (include area code) You must list at least one valid phone number:

Cell: _____ Work: _____ Other (specify): _____

Message number and name of contact: _____

AFFIRMATION OF THE APPLICANT: I am a current participant in the Address Confidentiality Program (ACP) and it should continue to be part of my overall safety plan. I have not disclosed my residential address to the perpetrator or government agencies during my previous certification.

*Disclosure of my residential address will endanger my safety or the safety of members of my household; **OR** I reside with the primary Applicant and the disclosure of my address will endanger the primary Applicant's safety or the safety of his/her household members.

*I have read and understand my rights and responsibilities as a participant, and I have read and understand the reasons why my participation may be cancelled.

*If I am part of the Sex Offender and Public Protection Registration Programs, I understand that I am required to disclose my actual address as part of the registration required by Article 181.586 of the Oregon Revised Statutes.

*I understand that knowingly providing the ACP with false or incorrect information is punishable with a fine of up to \$500 under Oregon Revised Statutes 192.828 and may jeopardize my participation in the ACP. To my knowledge, the information contained in this form is true and accurate.

*I hereby designate the Attorney General as my agent for service of process and receipt of first-class, certified and registered mail pursuant to Oregon Revised Statute 192.822(2).

SIGN ONLY IN THE BLOCK AREA. Your signature will be used to verify your identify with ACP staff and issue your authorization card.

Signature of Applicant (or Parent/Guardian if Applicant is under 18)

Date

COMPLETE REVERSE SIDE OR RENEWAL WILL NOT BE ACCEPTED

PARTICIPANT RIGHTS AND RESPONSIBILITIES CHECKLIST

Please initial the line next to each item to show you have read, understand, and agree with each item.

I must notify the ACP of any change in my residential address, mailing address, telephone number, or the people in my household within 10 days.

If I legally change my name I must reapply to the ACP within 30 days under my new name.

My ACP authorization card is important. I may not demand the use of my substitute address unless I can present my authorization card. It is my responsibility to let state and local government agencies know I am an ACP participant and that I want to use my ACP address.

The ACP is a mail forwarding service. My mail (including SNAP, TANF, Child Support, utility bills, checks, etc.) will go to the ACP first and then the ACP will forward my mail to me. Mail may take up to an additional 5-10 days to arrive.

By participating in the ACP I will designate the Attorney General as my agent for legal process service. I am responsible for any legal documents served on the Attorney General in my name. I cannot refuse to accept documents forwarded to me by the ACP.

I will not use the ACP to avoid legal action or court orders (including child custody agreements) or financial obligations.

State and local government agencies must accept the ACP substitute address to create a new public record when I request them to do so. Private companies (telephone, insurance agents, banks) do not have to. I have to look at other options if a private company cannot use my ACP substitute address.

Government agencies and private business often share information. Giving my personal information (including my actual address) to one agency means others may obtain that information.

The ACP will NOT forward magazines, packages, or other "junk" mail to me. I will not sign up for magazines, book clubs, or music clubs using my ACP address.

The ACP will disclose my address if ordered to by a court. The ACP will notify me if disclosure is made.

PARTICIPANT CANCELLATION CHECKLIST

Please initial the line next to each item to show you have read, understand, and agree with each item.

If I change my residential address, mailing address, telephone number, or members of my household and do not notify the ACP in writing within 10 days.

If I do not submit a renewal packet within 30 days of the expiration of my four year certification.

If I obtain a legal name change and do not notify the ACP and reapply to the program under my new name within 30 days.

If I knowingly provide false or incorrect information on my ACP application.

If mail forwarded to me by the ACP is returned as undeliverable or with a USPS forward notification.

If I request in writing to withdraw from the ACP.

If my participation is cancelled for any of the reasons listed above, I can submit an appeal within 30 days.

To submit this form:

by mail: ACP, PO BOX 1108, Salem, OR 97308

or email to: acp@doj.state.or.us

or fax to: 503-373-1340

Renewal application must be received 30 days prior to expiration or you may have to reapply to the program with an Application Assistant.