



# A P P L I C A T I O N

## ADDRESS CONFIDENTIALITY PROGRAM

### **safety for victims**

The ACP provides victims of domestic violence, sexual assault, stalking, child abduction by a parent, or human trafficking with an alternate mailing address to keep their actual home address out of public records where their perpetrator may find their location.

### **substitute address**

The confidential address may be used as a legal address for court and government records, including driver's licenses, non-photo ID cards, vehicle registration, school records, voter registration, marriage licenses, and court petitions.

### **mail forwarding**

The ACP forwards all first-class, registered and certified mail to the participant, free of charge.

### **administration**

The ACP is administered by the Pennsylvania Office of Victim Advocate. **It is not a witness protection program.**



ACP Mailing Address: PO Box 2465, Harrisburg, PA 17105-2465

*Dear Applicant,*

*The Address Confidentiality Program (ACP) is a program designed for victims of domestic violence, sexual assault, stalking, child abduction by a parent or human trafficking who are planning to move or have recently moved to a location unknown to the perpetrator. The ACP is only part of a safety plan. We encourage you to continue to work with your victim service provider for additional safety planning. If you don't currently have a local victim service provider, please let us know and we will help you find resources to suit your needs.*

23 Pa. C. S. A. § 6701 et seq.

## **Instructions for Completing the ACP Application Packet**

*Please complete each section of this application packet with the assistance of a victim service provider. Questions should be directed to the Pennsylvania Office of Victim Advocate at 800-563-6399.*

### **A. Checklist for ACP Application**

- Review each statement with your victim service provider to ensure that ACP is right for you.
- **Initial** each statement to indicate your understanding of the program requirements.

### **B. Mailing Information**

- Provide all information in each section.
- Be sure to include any minor children that may be living with you and their date of birth.
- You may choose to have your mail sent to a mailing address other than your residential address; however, **by law, you must provide your residential address** (ie where you actually live).
- Include phone numbers and email addresses so that we may contact you.

### **C. Civil or Criminal Proceedings**

- Document all pending civil and criminal proceedings (include PFA, custody, family court, domestic relations proceedings). You may include a separate piece of paper, if necessary.
- **Include case numbers, types of proceedings (civil, criminal, state, federal), and courts in which cases are pending. Upon enrollment, the ACP is required to notify the courts of your participation in the ACP.**
- Failure to disclose known information may result in denial or cancellation of your participation.
- If the answer to question 2 is yes, you must provide agent/officer information.

### **D. Affidavit for All Household Members 18 & Over**

- Check the box that most accurately fits your situation.
- Write or type your statement (affidavit) on space provided, or a separate piece of paper, describing past, present and fears of future violent acts by the perpetrator. Sign and date your affidavit and include with your application.
- You may submit any additional documentation that you wish (criminal charges, PFAs, etc) but this is not required.

### **E. Security Set Up**

- The answers to these questions will be used to verify your identity when you interact with our office.
- If you need to select alternate questions, please check the box to have our office contact you.

### **F. Affirmations**

- Carefully read all information in the Affirmation of Applicant section, and sign.

**Please return the entire application packet to:**

**RA-PMOVA-ACPprogram@pa.gov** or

**ACP  
Office of Victim Advocate  
PO Box 2465  
Harrisburg, PA 17105-2465**

## A. Checklist For ACP Application

**Review each statement below with your victim service provider to ensure that ACP is right for you. Initial each statement to indicate your understanding of the program requirements.**

- \_\_\_\_\_ The ACP is a mail forwarding service. By participating in the ACP, my mail will go first to the ACP and will then be forwarded to me. This means it will take longer for me to receive my mail, including legal mail. Please pay close attention to all legal ID mailings because they may include time sensitive material. I understand that the ACP does not forward magazines, packages or junk mail.
- \_\_\_\_\_ I will make sure my ACP number is on all of my mail.
- \_\_\_\_\_ It is my responsibility to let state and local government employees know that I am an ACP participant and that I want to use the ACP substitute address. I understand that the ACP authorization card is important and that I may not demand the use of ACP privileges unless I can produce that card. If I give a government agency my actual address, that agency is under no obligation to keep my information confidential.
- \_\_\_\_\_ I have discussed, with a victim service provider, the impact of giving personal information, including addresses, to government agencies and private businesses. I understand that such agencies and businesses often share information and that giving information to one agency means many others may obtain that information.
- \_\_\_\_\_ I understand that the ACP is only one part of my safety plan and shall not be considered a victim/witness protection program.
- \_\_\_\_\_ The ACP is prohibited by law from releasing my actual address to a third party. However, the ACP may release my actual address if ordered by the courts to do so, or if a law enforcement agency requests it as required by law (23 Pa. C.S.A. § 6701 et seq.).
- \_\_\_\_\_ I understand that my participation in the ACP is not confidential. If asked, the program will verify that the ACP substitute address is my legal mailing address.
- \_\_\_\_\_ I understand that I will be removed from the program if I provide false information on the ACP application. I realize that if I change my name or address and do not notify the program within 5 days, the ACP will cancel my participation. I also realize that if mail is returned as non-deliverable, I will be removed from the ACP.
- \_\_\_\_\_ I understand the ACP cannot forward mail to me if it is addressed to a name other than the name(s) on the enclosed application.
- \_\_\_\_\_ I understand that I share the same ACP substitute address with all other program participants. Anytime I move while enrolled in ACP, I will file a change of address with the ACP, NOT with the United States Postal Service.
- \_\_\_\_\_ I understand that I can not utilize the ACP for private business purposes.
- \_\_\_\_\_ I realize that applying under a name other than my legal name could result in denial of ACP privileges at certain agencies if a legal name is required to access those agencies' services.
- \_\_\_\_\_ I understand that should I be charged and/or convicted of criminal charges, it may become impossible for the ACP to protect my address.

## B. Mailing Information

<b>Applicant Name</b> (First, Middle, Last)		<b>Date of Birth</b> (mm/dd/yyyy)	<b>Driver's License</b> (state and number)
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Children in Home- 17 &amp; under</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Relationship to Applicant</b>	
A.			
B.			
C.			
D.			
E.			
<b>Residential Address</b> (street address where applicant actually lives is required to participate)			
			<b>Apt #</b>
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Applicant Mailing Address</b> (where ACP will send mail, if different than residential address)			
			<b>Apt #</b>
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Safe Alternate Phone</b>	<b>Best Time to Call</b>
<b>Ok to leave message on Home Phone?</b> Yes      No		<b>Ok to leave message on Cell Phone?</b> Yes      No	
<b>Would you like the ACP to also contact you by email?</b> Yes      No		<b>Email Address</b>	

## C. Criminal or Civil Proceedings

<b>1A. Are you involved in any <i>pending</i> civil or criminal proceedings*?</b> Yes      No <i>*includes PFA, custody, family court, domestic relations, etc.</i>				
<b>1B. If yes, please list <i>all</i> proceedings below. Offender's Name:</b>				
<b>Case Number</b>	<b>Civil or Criminal</b> (write one)	<b>State or Federal</b> (list the state, if applicable)	<b>Court/County Where Case is Pending</b>	<b>Are you</b> (write one) <b>Victim, Witness, Plaintiff, Defendant?</b>
A.				
B.				
C.				
<b>2A. Are you currently under parole or probation supervision?</b> Yes      No				
<b>2B. If yes, what supervision are you currently under?</b> Federal      State      County				
<b>2C. List county or state of supervision</b>				
<b>2D. Name of Agent/Officer</b>			<b>Phone Number</b>	

**D. Affidavit for All Household Members 18 & Over**

**Please check at least one for the following:**

- I swear/affirm that I am a **domestic violence victim** and I further state that I fear future violent acts by the perpetrator of the abuse.
- I swear/affirm that I am a **sexual assault victim** who fears the perpetrator’s violent actions or threatened violent actions toward me, and I further state that I fear future violent acts by the perpetrator of the sexual violence.
- I swear/affirm that I am a **stalking victim** who fears future violent acts by the perpetrator of stalking. These actions must meet the criteria enumerated in 18 Pa. C.S. § 2709.1 (relating to stalking).
- I swear/affirm that I am a victim of **child abduction by a parent** and I further state that I fear future violent acts by the perpetrator.
- I swear/affirm that I am a victim of **human trafficking** who fears the perpetrator’s violent actions or threatened violent actions toward me.
- I swear/affirm that I am an **adult member of the same household** as a current program participant and wish to participate in the ACP as part of my (or their) safety plan.

Name of ACP Participant: \_\_\_\_\_

**As part of your affidavit, you must also submit a written statement that describes past, present and fears of future violent acts by the perpetrator.** You may use the space provided below or a separate piece of paper.

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## E. Security Set Up

The below security questions will be used to verify your identity when you interact with ACP staff members.

1. What was the last name of your childhood best friend? \_\_\_\_\_

2. What was your childhood nickname? \_\_\_\_\_

3. Please create an OVA code word: \_\_\_\_\_

Check here if alternate security questions are needed. An ACP staff member will contact you.

## F. Affirmations

As part of your application, please sign and date the below affirmation. Next, have the victim service provider you've been working with, sign the second affirmation.

As a program participant I have recently relocated to a place unknown to the perpetrator. My application assistant and I have determined that the Address Confidentiality Program (ACP) should be part of my safety plan.

I understand that I will only receive first class, registered and certified mail. The ACP does not forward magazines, packages or junk mail.

I certify and declare that this document and any attachments contain no misrepresentation or falsification, omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief.

I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 PA. C.S.A. §4904.

I hereby designate the Office of Victim Advocate as my agent for service of process and receipt of mail pursuant to 23 Pa. C. S. A. § 6701 et seq.

I understand that moving from the residential address given on this application, or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Victim Service Provider Affirmation

I have worked with the above mentioned client to develop a safety plan, in which I believe should include the ACP.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Victim Service Agency** \_\_\_\_\_

**County** \_\_\_\_\_

## Victim Service Provider Checklist

Victim Service Provider,

This checklist is designed to ensure that a completed packet is mailed to the ACP in order to serve your crime survivor with the fastest service.

Should you need assistance completing the ACP application with your survivor, or have questions about the program, please contact the Office of Victim Advocate at 800.563.6399.

- \_\_\_\_\_ Checklist to confirm the applicant's understanding of the program requirements has been completed. I have also discussed with the applicant how the ACP will be used as part of a comprehensive safety plan.
  
- \_\_\_\_\_ Mailing information has been completed, which includes
  - \_\_\_\_\_ name
  - \_\_\_\_\_ residential (physical) address
  - \_\_\_\_\_ phone number
  - \_\_\_\_\_ date of birth
  - \_\_\_\_\_ childrens' names and dates of birth, if any
  
- \_\_\_\_\_ Court information section has been completed, to include
  - \_\_\_\_\_ court proceedings with docket/case number, if any
  - \_\_\_\_\_ listed parole/probation supervision information, if any
  
- \_\_\_\_\_ Affidavit section has been completed - including a statement in writing of past, present and fears of future violent acts by the perpetrator - with a signature and date.
  
- \_\_\_\_\_ Affirmation of the survivor has been completed, and I feel confident the applicant understands the ACP.
  
- \_\_\_\_\_ Victim service provider affirmation section has been completed, by me.
  
- \_\_\_\_\_ Please mail entire application packet to:  
RA-PMOVA-ACPprogram@pa.gov                      or                      ACP  
Office of Victim Advocate  
PO Box 2465  
Harrisburg, PA 17105-2465

***The Office of Victim Advocate is always willing to visit your program office, staff meeting, task force meeting or other event to provide on-site training on the Address Confidentiality Program. This training can be tailored to fit the audience and may provide an overview of the program, how to enroll an applicant, and ways to incorporate the ACP into safety planning.***

***For more information, or to schedule a training, please contact 800.563.6399 or RA-PMOVA-ACPprogram@pa.gov.***



**pennsylvania**  
OFFICE OF VICTIM ADVOCATE