

For ACP Use only

# IDAHO ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Please mail original completed application & checklist to:

**IDAHO ADDRESS CONFIDENTIALITY PROGRAM**  
**P. O. Box 1737**  
**Boise, ID 83701-1737**

|                              |                                  |
|------------------------------|----------------------------------|
| <b>Type of application:</b>  |                                  |
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |

|  |                                   |
|--|-----------------------------------|
| <b>APPLICANT'S LEGAL NAME</b> (First, Middle, Last) <u>and</u> Aliases | <b>DATE OF BIRTH</b> (mm/dd/yyyy) |
|  |                                   |

|   |  |
|---|--|
| <b>Last four digits of Social Security Number</b> | Has applicant participated in a confidential address program in another state?<br><input type="checkbox"/> NO <input type="checkbox"/> YES What State? |
|---|--|

| Minors/Incapacitated Persons Names (First, Middle, Last) | Birth Date | Relationship to applicant |
|--|------------|---------------------------|
| 1.   |            |                           |
| 2.   |            |                           |
| 3.   |            |                           |
| 4.   |            |                           |
| 5.   |            |                           |

**NOTE:** Adult co-applicants must complete and sign a separate application and checklist.

**RESIDENCE ADDRESS AND TELEPHONE NUMBER (NOT TO BE DISCLOSED)** where you may be contacted:

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ID ZIP + 4 \_\_\_\_\_ County \_\_\_\_\_

|   |   |                      |
|---|---|----------------------|
| <b>TELEPHONE #1</b> (circle one) home/work/cell<br>(        ) | <b>TELEPHONE #2</b> (circle one) home/work/cell<br>(        ) | <b>EMAIL ADDRESS</b> |
|---|---|----------------------|

**MAIL-FORWARDING ADDRESS (NOT TO BE DISCLOSED), IF DIFFERENT FROM ABOVE:**

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ID ZIP + 4 \_\_\_\_\_ County \_\_\_\_\_

- I am a victim of domestic violence, sexual assault, or stalking and fear for my safety and/or the safety of my child or individual for whom I am a guardian.
- I believe that disclosure of my actual address would endanger my safety or the safety of my child/household members.
- By enrolling in the Idaho Address Confidentiality Program, I knowingly and voluntarily designate the Secretary of State as agent for purposes of service of process and receipt of first-class, certified, or registered mail.
- I also release and waive all future claims against the State for any claim that may arise from participation in the program except for a claim based on gross negligence.
- I now live at location unknown to the abuser.
- I have received and do understand the ACP "Checklist of Understanding" which is part of this application.
- I understand that knowingly providing the ACP with false or incorrect information may jeopardize my participation in the program.
- I solemnly swear or affirm that to the best of my knowledge all of the information contained in this application is true.

|  |               |
|--|---------------|
| _____<br>Signature of Applicant or Parent/Guardian | _____<br>Date |
| _____<br>Please print your name here               |               |

The following evidence is proof that the applicant is a victim of domestic violence, sexual assault or stalking (check as applicable):

\_\_\_\_\_ court order of protection;

\_\_\_\_\_ certification from a prosecutor stating that the individual is the victim of a crime in which the defendant has been charged pursuant to section 18-918, 18-1506, 18-1508, 18-1508A, 18-6101, 18-7905 or 18-7906, Idaho Code, or in which the defendant is charged with attempt to commit any of the foregoing crimes.

*For Office of the Secretary of State Use Only:*

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