ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Louisiana Revised Statutes 44:51-57

1. Applicant must PRINT CLEARLY using a blue or black ink.
2. Applicant and Application Assistant must SIGN and DATE Application and Checklist.
3. Application Assistant must return Application, Checklist, Authorization Card(s) and supporting documentation to:

Address Confidentiality Program
P.O. Box 91301
Baton Rouge, LA 70821-1301

FOR ACP USE ONLY
ACP Code: _____
Filed: _____/_____/_____

APPLICANT NAME (Last, First, Middle or Maiden Name)	**DATE OF BIRTH** (mm/dd/yyyy)	**GENDER** (circle one) M or F
CO-APPLICANT NAME(S) (Last, First, Middle or Maiden Name)	**DATE OF BIRTH** (mm/dd/yyyy)	**RELATIONSHIP TO APPLICANT**
A.		
B.		
C.		
D.		

RESIDENTIAL ADDRESS (Address where the applicant lives) ***REQUIRED INFORMATION***

Address _____ City _____ LA Zip Code _____

CIRCLE ONE: Shelter – Rental – Living with friends/family – Other: _____

MAILING ADDRESS: *(If different from RESIDENTIAL ADDRESS listed above)*

Address _____ City _____ LA Zip Code _____

WORK ADDRESS *(if applicable)*

Address _____ City _____ LA Zip Code _____

HOME TELEPHONE NUMBER ( )
CELL/PAGER NUMBER ( )
EMERGENCY CONTACT NUMBER ( )

ARE THERE ANY EXISTING COURT ORDER(S) OR ACTION(S) RELATED TO DIVORCE PROCEDDINGS, CHILD SUPPORT, CHILD CUSTODY, OR VISITATION? Yes ____ No ____ If yes, you must list ALL the court order(s) or action(s) below.

City / County / State / Court with Jurisdiction	Names of Parties	Case Number (PLEASE INCLUDE)	Date Order Entered

AFFIRMATION OF THE APPLICANT: My application assistant and I have determined that the Address Confidentiality Program (ACP) should be part of my overall safety plan. I attest that I have good reason to believe that I or my co-applicant(s) are victims of abuse, sexual assault or stalking; and that I fear for my safety or the safety of my co-applicant(s). I have or will confidentially relocate in Louisiana to a place unknown to the perpetrator. Disclosure of my address will endanger my safety or the safety of my co-applicant(s). I hereby designate the Secretary of State as my agent for service of process and receipt of first-class, certified and registered mail pursuant to LA Revised Statutes 44:51-57. I understand that moving from the above residential address or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP. I understand that I am required to disclose my actual address as part of the registration required by the Revised Statutes 15:540 et seq. Sex Offender and Public Protection Registration Programs. I understand that knowingly providing the ACP with false or incorrect information is punishable under LA Revised Statutes 44:52 or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained in this form is true and accurate.

_____
Signature of Applicant (or Parent/Guardian if Applicant is under 21)

_____
Date

_____
Signature of Application Assistant

_____
Agency or Program

(_____)_____
Agency Telephone Number

Questions? Call (225) 925-4792 or 1-800-825-3805

A program of the Louisiana Secretary of State
Jay Dardenne, Secretary of State