

ACP APPLICATION

— ADDRESS CONFIDENTIALITY PROGRAM



**ACP IS NOT A WITNESS PROTECTION PROGRAM.
ACP SHOULD BE A PART OF AN OVERALL SAFETY PLAN.**

**Required fields*

SECTION 1: APPLICANT INFORMATION

Completed application and notarized statement can be sent to ACP by mail or [email](mailto:AG-ACP@mi.gov) (AG-ACP@mi.gov). Detailed instructions are available on the [ACP website](https://mi.gov/agacp) (mi.gov/agacp).

Application Type : New Renewal **ACP ID (if applicable) :**

I am applying on behalf of: (check all that apply)* Myself Minor Ward

*If applying on behalf of a minor or ward, you must be the legal parent or guardian.**

Legal Name:*
FIRST M.I. LAST SUFFIX

Other Names:* *Provide all current and previously used names (e.g., what appears on your mail.)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth:*
M M D D Y Y **Gender :** MALE FEMALE NON-BINARY
 PREFER NOT TO ANSWER

Contact:* () () ()
HOME CELL ALTERNATE EMAIL

Preferred contact method:*
HOME CELL ALT. EMAIL

Please let us know of any accommodations that you need in order to send or receive communications from the ACP (language, hearing, vision, etc.)

Identification:
MI DRIVER'S LICENSE / STATE ID SSN: LAST FOUR DIGITS

I have never been issued a driver's license or state ID card by the State of Michigan.

Exempt me from state and local jury duty.

SECTION 2: MINORS OR WARDS TO BE INCLUDED IN ACP (IF APPLICABLE)

	NAME*	DATE OF BIRTH* (MM/DD/YY)	RELATIONSHIP TO APPLICANT* (MINOR/WARD)	DRIVER'S LICENSE/ STATE ID#
1.				
2.				
3.				
4.				
5.				

SECTION 3: OTHER ADULTS IN THE HOUSEHOLD (IF APPLICABLE)

Are there any other adults that will be seeking to keep this address confidential? If so, provide the information below. (Note: All adult applicants must complete and sign separate applications)

	NAME*	DATE OF BIRTH* (MM/DD/YY)	EMAIL ADDRESS	RELATIONSHIP TO APPLICANT*
1.				
2.				
3.				

SECTION 4: ADDRESS INFORMATION

Actual physical residence address that applicant wants to keep confidential. (Note: actual address location is required for participation):

STREET ADDRESS*			APARTMENT NUMBER
CITY*	STATE*	ZIP CODE*	COUNTY*

Mailing Address (if different from above)

STREET ADDRESS			APARTMENT NUMBER
CITY	STATE	ZIP CODE	COUNTY

SECTION 5: OFFENDER INFORMATION (OPTIONAL)

NAME

RELATIONSHIP

EMPLOYER & JOB TITLE

SECTION 6: PROGRAM ELIGIBILITY

Change of Address (for new applicants only)*

I am changing my address. I do not have a MI driver's license, state ID, or voter registration with that new address. To the best of my knowledge, my new address is not known to the person(s) from who I am at risk of threat or harm.

Program Eligibility - Victimization Criteria

I am, or the minor/ward for whom I am applying, is a victim of (check all that apply): *

DOMESTIC VIOLENCE

HUMAN TRAFFICKING

SEXUAL ASSAULT

STALKING

AT RISK OF INCREASED THREAT OR HARM BY DISCLOSURE OF THE ADDRESS LISTED IN SECTION 4.

SECTION 7: ATTACH DOCUMENTATION

A notarized statement must be signed and submitted with this application. Please see the ACP instruction page for valid notarization options. The [ACP Notarized Statement](#) can be downloaded from the [ACP website](#) (mi.gov/agacp)

OPTIONAL ADDITIONAL INFORMATION

SECTION 8: MICHIGAN VOTER REGISTRATION

I am currently registered to vote. My voter registration will be automatically updated with my new polling location.

I am not currently registered to vote, I am a United States citizen, and would like to register to vote.

I am not currently registered to vote and do not wish to register.

If you wish to cancel your voter registration, refer to the ACP handbook for cancellation steps.

If you wish to register to vote and do not have a Michigan driver's license, state ID or Social Security number, complete an ACP Voter Registration form and submit it to the Address Confidentiality Program.

SECTION 9: ACKNOWLEDGEMENT

1. I voluntarily designate DTMB as my agent for the purpose of receiving mail, and service of process. I understand that DTMB will forward mail and any documents to my confidential address. Participating in the ACP means it will take longer for me to receive my mail. I further understand that DTMB will not forward 3rd class mail, junk mail, or packages to my confidential address.
2. I understand that ACP will assign me a designated address that I can provide to any state or local governmental entity in the State of Michigan whenever an address is required, and that these governmental entities must use the designated address I provide. I understand that private non-governmental entities are not required by law to use the designated address; however, I am entitled to provide the designated address to them and to ask that they use it.
3. I understand that enrollment is for 4 years, and I may submit a renewal application to renew my participation in the program.
4. I understand my participation in the program can be cancelled with proper notice from the ACP if (a) I am unreachable for more than 60 days at the address I provided ACP, (b) I make a false statement on my application, (c) I fail to renew my application during the initial certification period, (d) I request cancellation, or (e) I fail to file a continuance application before the minor in my household turns 19 years of age.
5. I understand the ACP can disclose my actual confidential address to a department of the state, law enforcement agency, or local unit of government if that entity requests the address for a legitimate governmental purpose and has been unable to contact me at my designated address. ACP must promptly notify me of any such request.
6. I understand that knowingly making a false statement in this application is a misdemeanor punishable by up to 93 days imprisonment or a maximum fine of \$500, or both.
7. I agree and acknowledge that some aspects of how the ACP is managed or administered may change over time and that I will need to comply with those changes in order to remain in the program.
8. I agree and acknowledge that the ACP may contact me via my preferred method of communication.
9. By submitting this application I do not waive any legally recognized privilege or confidentiality protecting any communications that may have with the agency or representative whose name appears as the application assistant or victim advocate or with any other person or entity.
10. I am not listed on nor required to register on the [Michigan Sex Offender Registry](#) (mspsor.com).
11. I agree and acknowledge that the ACP will provide my driver's license or state ID number and that of my minor/ward listed on my application to the Secretary of State (SOS) for purposes of processing my corrected driver's license or state ID card and/or corrected or new voter registration card with the designated address. I also agree that the SOS will provide my driver's license or state ID number, or that of my minor/ward, to the ACP to update my ACP record.

By checking this box, I confirm that I have read and understand the acknowledgement section of this application and the [Department of Attorney General's ACP Privacy Statement](#) (mi.gov/ag/initiatives/crime-victim-rights/address-confidentiality/acp-privacy-notice).*

REQUIRED FOR ALL APPLICANTS

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN*

SIGNATURE*

DATE*

FOR APPLICATION ASSISTANT/VICTIM ADVOCATE OFFICE USE ONLY

Name:

FIRST*

LAST*

EMAIL*

AGENCY*

PHONE NUMBER

AGENCY ADDRESS

CITY

STATE

ZIP CODE

COUNTY

ADVOCATE SIGNATURE*

CERTIFICATION NUMBER*

DATE*



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