



**PROGRAM PARTICIPANT APPLICATION
WEST VIRGINIA SECRETARY OF STATE
Address Confidentiality Program
"ACP"**

APPLICANT INFORMATION

Full Name: (First, Middle, Last)		Maiden: (if applicable)
Other names: <i>(Complete only if the applicant will receive mail addressed to a name other than the one listed above)</i>		
Date of birth:	Home Phone:	Work Phone:
Residential Address:		Cell Phone:
City:	State: WV	ZIP Code:
Mailing address: (if different from above)		
City:	State: WV	ZIP Code:

MINOR CHILDREN RESIDING WITH APPLICANT

Name:	Date of Birth:	School:
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:

ALLEGED ABUSER, STALKER, OR PERSON THREATENING HARM

Name:		
Address (if known):		
City:	State:	ZIP Code:

COURT

Are you currently involved in any proceedings in family court in any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, which jurisdiction?		
Are you required to register as a sex offender pursuant to W. Va. Code §15-12-1 <i>et seq.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE

I affirm that the information on this application is true to the best of my knowledge and I understand that I am signing under penalty of false statement per WV §48-28A-103.

Printed name of applicant:	
Signature of applicant:	Date:

APPLICATION ASSISTANT

The applicant, or the person on whose behalf the application is made, is a victim of domestic violence; sexual assault, or stalking, and fears for her or his safety or the safety of his or her children. I have helped the applicant develop a safety plan that we believe should include the ACP.

Printed name of application assistant:	Reg. #:
Signature of application assistant:	Date:

Please mail completed application to:

**Address Confidentiality Program
c/o WV Secretary of State
P.O. Box 5399
Charleston, WV 25361**

For Office Use Only:	
Date Received:	
Certified By:	
Effective Date:	



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STATEMENTS OF UNDERSTANDING

Please read and initial beside all of the following statements:

- _____ I certify that I am a victim of domestic violence, sexual assault, or stalking or I am the parent or guardian acting on behalf of a minor who is a victim of domestic violence, sexual assault, or stalking, or I am a guardian acting on behalf of an incapacitated person who is a victim of domestic violence, sexual assault, or stalking. I fear for my safety, the safety of my children, or the safety of the person on whose behalf the application is made.
- _____ I certify that I am not required to register as a sex offender pursuant to the Sex Offender Registration Act, as provided in Chapter 15, Article 12 of the West Virginia Code.
- _____ I understand that I am making these statements under penalty of false statement, as provided in Section 103, Article 28A, and Chapter 48 of the West Virginia Code.
- _____ I understand that my participation in the ACP is for a period of four (4) years. At the end of the four years I must renew my participation in the ACP by filing a renewal application, as directed by the Secretary of the State, in order to continue my participation in the program.
- _____ I understand that my participation in the ACP may be canceled if: (1) I change my name or residential address and fail to notify the Secretary of the State in writing within ten days after the change; (2) mail forwarded to me is returned to the Secretary of the State as non-deliverable; (3) my certification expires and I have not applied for renewal; or (4) my application for program participation or renewal contains false information.
- _____ I understand that the ACP may not release my residential address to a third party unless: (1) it is requested by a county prosecutor or a US Attorney for legal purposes; or (2) it is directed by court order; or (3) my participation in the program has been canceled.
- _____ I understand that my participation in the ACP is not confidential. Upon request, the Secretary of the State may confirm only that I am participating in the program but may not release my residential address.
- _____ I understand and have discussed with an application assistant the impacts of sharing personal information with government agencies and private businesses. I understand that if I provide my real address to a government agency or private company, my information may not be protected.
- _____ I understand the ACP is a mail forwarding service. Participating in the ACP means it will take longer for me to receive my mail, including bills. The ACP will only forward first class mail. Magazines and packages will not be forwarded.
- _____ I understand that the ACP cannot forward mail to me if it is addressed to a name other than the name on the enclosed application. I understand that any time I move I will provide my new address, in writing, to the Secretary of State and will not file a change of address with the United States Postal Service.
- _____ I understand that by participating in the ACP, I am designating the WV Secretary of the State as my agent for service of process. This means that the Secretary of the State will accept legal documents on my behalf. I understand that service is effective as of the date and hour received by the Secretary of the State and that participating in the ACP means it will take longer for me to receive such process.
- _____ I understand that it is my responsibility to advise public agencies (state, county, and municipal) that I am an ACP participant. I understand that I must produce the ACP certification card whenever I am requesting ACP privileges.
- _____ I understand that private companies (such as telephone and power companies, insurance agents, credit reporting agencies, etc.) are not required by law to accept to ACP mailing address. It is my responsibility to explore other options, which may provide additional security when the ACP address is not accepted.