



Texas Address Confidentiality Program Application

If you require additional space on any application section, please attach a separate sheet of paper including all required information.

APPLICANT INFORMATION		
Application Type: New Reinstatement Renewal		
Applicant's Legal Last Name:	First Name:	Middle Name:
Address Applicant Wishes to Receive Mail (Residential, Business, School):		
City:	State:	Zip:
County:	Date of Birth:	Gender: Male Female
Home Phone (Including Area Code):	Work Phone (Including Area Code):	Cell/Message/Other:
OTHER HOUSEHOLD MEMBER(S) IF PARTICIPATION IS DESIRED		
(1) Household Member Last Name:	First Name:	Middle Name:
Relationship to Applicant:	Date of Birth:	Gender: Male Female
(2) Household Member Last Name:	First Name:	Middle Name:
Relationship to Applicant:	Date of Birth:	Gender: Male Female
(3) Household Member Last Name:	First Name:	Middle Name:
Relationship to Applicant:	Date of Birth:	Gender: Male Female
(4) Household Member Last Name:	First Name:	Middle Name:
Relationship to Applicant:	Date of Birth:	Gender: Male Female

ADDITIONAL INFORMATION			
Applicant has participated in other address confidentiality programs before?	Yes	No	If yes, what state? Date:
This is for a victim of:	Family Violence	Human Trafficking	Stalking
	Sexual Assault	Child Abduction	
Is there an existing court order or pending court case involving child support, child custody, or visitation involving the applicant?		Yes	No
If yes, the name and address of the legal counsel of record and each parent involved in the court order or pending court case are as follows:			
ADVOCATE INFORMATION			
Advocate's Last Name:	First Name:	Phone Number:	
E-Mail:	Advocate Agency:	Type of Agency:	
Advocate's Signature:		Date:	
AFFIRMATION			
I fear for my safety because of a threat of immediate or future harm caused by a person who committed, or is alleged to have committed, family violence, sexual assault, stalking, or human trafficking.			
I have discussed safety planning with a victim's assistance counselor.			
I hereby designate the Office of the Attorney General (OAG) as the agent for service of process and receipt of mail for me and any of the household members listed in this application.			
I affirm that the information provided in this application for the Address Confidentiality Program and any additional information that I provide is true and correct. I understand that the OAG or any agent or representative of the OAG has the right to verify the information provided. I agree that if false, misleading or intentionally incomplete information is provided, my application will be denied.			
Signature of Applicant OR Parent/Guardian:			Date:



POST OFFICE BOX 12199 AUSTIN, TEXAS 78711-2199 TEL 1-888-832-2322

<https://www.texasattorneygeneral.gov/crime-victims/services-crime-victims/address-confidentiality-program>



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

ADDRESS CONFIDENTIALITY PROGRAM (ACP) CHECKLIST

COMPLETE ALL SECTIONS. Please **INITIAL** each paragraph. **CHECK MARKS** are **NOT ACCEPTABLE**. Incomplete/blank checklists **WILL DELAY** the processing of your ACP application.

I agree that:

___ I am a victim of: Family Violence, Sexual Assault, Stalking, Human Trafficking or Child Abduction.

___ I have enrolled in the ACP, which is a mail forwarding service, and that my mail will first come to the Office of the Attorney General (OAG) and then be forwarded to my confidential address which may result in a 3-4 day mail delay.

___ Magazines, catalogues, junk mail, or any packages that are not letter-size or flat-size and first class will not be forwarded to my confidential address.

___ Applying under a name other than my name without notification of my pseudonym to the OAG, could result in denial of ACP privileges or denial of services from other government agencies. I understand that the ACP cannot forward mail to me if it is addressed to a name differing from the name (or names) I provided on the ACP application.

___ The ACP will send me an authorization card when my application is approved. It is my responsibility to let relevant state and local government agencies know that I am now an ACP participant. I know I need to show a government agency my ACP authorization card for them to send my mail to the ACP substitute address.

___ Government agencies often share information. I have discussed with a victim advocate the impact of giving personal information to government agencies and private businesses.

___ The OAG may release my true residential, business or school address if requested by a law enforcement agency; the Department of Family and Protective Services for the purpose of conducting a child protective services investigation under Chapter 261, Family Code; the Department of State Health Services or a local health authority for the purpose of making a notification described by Article 21.31, Section 54.033, Family Code, or Section 81.051 Health and Safety Code; or if required by a court order.

___ I may also use my confidential address to register with the Victim Services Division of the Texas Department of Criminal Justice (TDCJ). Their confidential victim notification system provides written information about offenders' parole review status, location, release date, etc. Information about registration may be obtained by contacting TDCJ - Victim Services Division Monday through Friday from 7:30 a.m. to 5:30 p.m. at 1(800)848-4284 or (512) 406-5900 or by email at victim.svc@tdcj.state.tx.us website: www.tdcj.state.tx.us

___ I may also use my confidential address to register with the VINE Program for their victim notification on basic information about county jailed suspects/offenders and their jail status and court events. This information can be obtained by contacting the Texas VINE at 1-877-894-8463 or visiting their website at <https://vinelink.vineapps.com/state/TX/ENGLISH>

_____ I agree that if I should have any questions about the ACP affecting my:

- Driver’s License - I should visit the Department of Public Safety’s website at <https://www.dps.texas.gov/section/driver-license> for instructions on change of address procedures. I will need to visit my local driver’s license office in person to request a change of address and present my ACP card.
- Voter Registration – If you are a US citizen, you are entitled to register to vote and receive ballots by mail through your temporary address while in the program. If you choose to register to vote, you will need to register in person. Contact the Secretary of State either toll-free at 1-800- 252VOTE (8683) or via their website at <https://www.sos.state.tx.us/elections/laws/address-confidentiality.shtml> for additional information.

_____ State law and local school policies require school districts and open-enrollment charter schools to use information regarding the location of a student’s residence to make determinations regarding a student’s eligibility to enroll, appropriate campus assignment, and transportation eligibility. If I choose not to disclose my actual residential address to a district or charter, I understand that I will need to use an alternate method to verify my child’s eligibility for enrollment, campus assignment, and/or transportation. I agree to consult with an appropriate district or charter school administrator or the administrator’s designee regarding these matters. For general information regarding state laws relating to eligibility for school enrollment and transportation, I may contact the Texas Education Agency Office of General Inquiry at (512) 463-9290.

_____ I understand that public schools routinely designate certain student information, including names and addresses, as “directory information” that is available to the public and I have the right to object to the release of my child’s directory information. My child’s school can provide me with information regarding which information is designated directory and the proper procedure for notifying the school of an objection to the release of such information.

_____ My participation in the ACP will be cancelled if:

- Participant knowingly makes a false statement on an application to the OAG
- Participant’s mail forwarded to the participant by the OAG is returned undeliverable on at least four (4) consecutive occasions
- Participant changes the participant’s true residential address as provided in the application filed by the participant and does not submit an OAG Change of Address form notifying the OAG at least ten (10) business days before the date of the address change
- Participant changes the participant’s name
- Participant requests cancellation of participation in the ACP

_____ Refusing to accept forwarded mail will not allow me to avoid my legal responsibilities. In addition to the above, I hereby designate the OAG as my legal agent for service of process and receipt of mail. If the ACP accepts service of process or signs for certified mail addressed to me, it is as if I have received the documents, regardless of whether the ACP can get them to me. I authorize the OAG to act on my behalf or in my place for service of process and receipt of mail.

Printed Name of Applicant

Printed Name of Co-Applicant

Signature of Applicant

Date

Signature of Co-Applicant

Date

Agency Representative

Date

Mail completed checklist to: PO Box 12199 Austin, Texas 78711-2199

ACP Phone: (888) 832-2322