

# ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Section 40-15-117 MCA

Please mail completed application to:

**ACP**  
**PO Box 201410**  
**Helena, MT 59620-1410**

<i>For ACP Use only</i>	
ACP # _____	Filed: _____

<b>Type of application:</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Reinstatement</b> <input type="checkbox"/> <b>Renewal</b> <input type="checkbox"/> <b>New Name</b> <input type="checkbox"/> _____		
<b>APPLICANT'S LEGAL NAME</b> (First, Middle, Last)		<b>DATE OF BIRTH</b> (mm/dd/yyyy)
Mr. _____ Ms. _____		_____
Has applicant ever participated in a confidential address program in Montana or in another state?      YES      NO If yes, in what state? _____		
<b>CO-APPLICANT NAMES</b> (First, MI, Last) – Use additional paper if needed	<b>DATE OF BIRTH</b> (mm/dd/yyyy)	<b>Relationship to applicant</b>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

**RESIDENTIAL ADDRESS** (*Participant's actual residential address/physical location is required to participate in ACP*)

Street Address: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ MT      ZIP: \_\_\_\_\_      County: \_\_\_\_\_

DAY TELEPHONE (      )	EVENING TELEPHONE (      )	MESSAGE/OTHER TELEPHONE (      )
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**BUSINESS NAME AND ADDRESS** (*Fill out only if applicant owns a business*)

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ MT      ZIP: \_\_\_\_\_

*I am (or the applicant for whom I am the parent/guardian is) a victim of:*

**sexual assault** or      **domestic violence** or      **stalking.**

*I am a resident of the State of Montana and have recently relocated to a place unknown to the abuser. I have determined that the Address Confidentiality Program (ACP) should be part of my safety plan. I understand that knowingly providing the ACP with false or incorrect information is punishable under 45-7-202, MCA or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained on this form is true and accurate.*

*I hereby designate the Montana Attorney General as my agent for service of process pursuant to 40-15-117, MCA. 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.*

\_\_\_\_\_  
 Signature of Applicant or Parent/Guardian      Date \_\_\_\_\_

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2\_\_\_\_, before me \_\_\_\_\_, a notary public, personally appeared \_\_\_\_\_, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

(Seal)

\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires: \_\_\_\_\_