Address Confidentiality Program

Address Confidentiality Program (Slide 1 of 3)

What is the Address Confidentiality Program (ACP)?

- ACP is a safety tool for victims of family violence, sexual assault, or stalking.
- It provides for a confidential substitute address in order to keep identifying information private from all state and local entities.
- It is not a witness protection program or guarantee of safety.

Address Confidentiality Program (Slide 2 of 3)

- Administered by the Crime Victims Services Division of the Office of the Attorney General (OAG)
- Texas Code of Criminal Procedure Articles 56.81- 56.93
- Implemented on June 1, 2008

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Address Confidentiality Program (Slide 3 of 3)

ACP Goal

- Assist victims of family violence, sexual assault, stalking and human trafficking
- Work in conjunction with victim's existing safety plan
- Aid in effort to keep victim's address confidential

Family Violence

- Family Violence — Texas Family Code, Section 71.004:

(2) "Family violence" means an act by a member of a family or household against another member of the family or household that:

(A) is intended to result in physical harm, bodily injury, or assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, or assault, but does not include defensive measures to protect oneself; or

(B) is intended to inflict emotional harm, including an act of emotional abuse.

Sexual Assault

- Sexual Assault — Texas Penal Code, Sections 22.011, 22.021 and 25.02:
  - "Sexual assault" means any penetration, be it oral, anal or vaginal, with a sex organ or any object, by one person against another, without consent.
  - Sexual assault is a crime in which the assailant uses sexual control over the victim.
  - Sexual assault includes several different types of crimes such as rape, incest, child molestation and marital rape.
- Texas Association Against Sexual Assault at taasa.org

Stalking

- Stalking — Texas Penal Code, Sections 42.072:
  - A stalker tries to control the victim through behavior or threats intended to intimidate and terrify.
  - A stalker can be an unknown person, an acquaintance or a former intimate partner.
  - A stalking victim feels reasonable fear of bodily injury or death to self or to a family or household member or damage to property.
  - A stalker may follow a victim off and on for a period of days, weeks, or even years.
- Stalking Resource Center at ncvc.org

Safety Plan

- ACP is a tool; a comprehensive safety plan is vital.
- Advocates and victims can work together to develop a strong safety plan.
- Victims of family violence are the experts on their own safety plan.
- Safety Plan resources at tcfv.org

ACP Eligibility Requirements

- A person, along with any members of their household, who has been a victim of family violence, sexual assault, and/or stalking
- And be a Texas resident (or) a victim relocating to a Texas residence
- The victim's Texas residence should be unknown to the person who committed family violence, sexual assault or stalking.

ACP General Overview

- The OAG designates a substitute post office box address that participant may use in place of actual residential, business or school address.
- All state and local entities MUST take the ACP participant's address.
- The OAG receives participant's mail addressed to their ACP assigned post office box. The OAG forwards the mail to the ACP participant's confidential address.
- All mail goes through an X-ray security screening. The OAG does not open ACP participant's mail.
- Once the OAG receives participant's mail, it is expected that there will be a three- to four-day delay in delivery.

ACP Application Process (Slide 1 of 3)

- Applicants must meet with participating agency advocates who will help victims fill out applications and develop a safety plan.
- Participating agencies may include family violence service providers, sexual assault programs, law enforcement victim liaisons, and victim assistance coordinators.
- In addition to a signed affidavit from the victim, the OAG may ask the applicant to submit documentary evidence that family violence, sexual assault, or stalking has occurred.

ACP Application Process (Slide 2 of 3)

Texas Address Confidentiality Program Application

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
Work Phone (Including Area Code):	Home (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

ADDITIONAL INFORMATION			
Applicant has participated in address confidentiality program before? ☐ Yes ☐ No	If yes, what state?	Date:	
This is for a Victim of: ☐ Family Violence ☐ Sexual Assault ☐ Stalking ☐ Human Trafficking			
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 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 1-888-832-2333 HTTP://WWW.TEXASATTORNEYGENERAL.GOV/VICTIMS/ACP.SHTML

ACP Application Process (Slide 3 of 3)

- Once the OAG receives the application, it will be processed and either approved or denied.
- If the application is denied, the OAG will send notification to the applicant including information on the appeal process.
- If the application is approved, the OAG will send the participant an ACP card to sign, usually within seven days.
- The ACP card will expire three years from the date the participant was enrolled and will require renewal.

ACP Participant

How does the program work once an applicant is enrolled?

- First class and certified mail will be forwarded to participants at their physical address.
- Packages, magazines, prescriptions, etc. will not be forwarded.
- The participant must notify the ACP of a name or address change 10 days prior to the change to avoid withdrawal from the program.
- The ACP will provide an address/name change form to participants to complete this process.

ACP Advocate (Slide 1 of 3)

- Advocates/agencies should request training before assisting applicants in applying for the program.
- Advocates/staff members who have received ACP training should be able to train others within their agencies.
- Participating ACP advocates should receive training every three years to maintain their status.
- Advocates/agencies can contact the OAG to request training to become a participating agency if needed.
- Advocates/agencies will receive enrolling materials, including applications, from the OAG once they complete training.

ACP Advocate (Slide 2 of 3)

Helping victim

- Be certain the victim is eligible under residency requirements.
- Explain the OAG requirement that the applicant's address must be unknown to the perpetrator.
- Inform applicant that this program designates the OAG as the agent to receive service of process and mail on behalf of the participant.
- Complete the application and DO NOT retain any copies of the application. Send original to OAG in a timely manner.

ACP Advocate (Slide 3 of 3)

Helping victim

- Review the ACP checklist with the applicant and advise them to keep it in a safe place, as it has the program logo on it.
- Discuss the fact that only first class and certified mail will be forwarded. If needed, develop a plan for other mail such as an additional PO Box or a friend who could receive mail.
- Make sure all forms are completed, signed, and that all household members to be covered are listed.
- Complete a safety plan with the victim.

Application Renewal

- ACP participants must renew their application every three years with a participating agency.

Cancellation

- Program participation may be cancelled under the following circumstances:
  - If the applicant knowingly made a false statement on the ACP application.
  - If forwarded mail is returned as undeliverable at least four times.
  - If the name or true residential address is changed and ACP isn't notified at least 10 days prior to the change.
- If participation is cancelled, the OAG will send written notification and appeal information to the participant.

OAG Mandatory Confidential Address Disclosure

- Per Art. 56.90 TCCP. EXCEPTIONS, the OAG must disclose participant's confidential address if ordered or requested by:
  - Court order;
  - Law enforcement agency;
  - The Department of Family and Protective Services for purpose of conducting 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 1.31, Section 54.033, Family Code, or Section 81.051, Health and Safety Code

Participant's Disclosure Request

- The OAG may disclose a participant's true residential, business or school address if:
  - The participant consents to the disclosure;
  - AND, the disclosure is necessary to administer the program.

Increasing ACP Awareness

- Participants may have to educate entities not required by statute to accept the substitute address. This may include businesses or utilities.

- Advocates can help this process in their community by reaching out to these groups and by explaining the importance of using the ACP-designated address.

Protecting Residential Address (Slide 1 of 4)

- Password protect ALL accounts with a unique password unknown to the perpetrator.
- Avoid giving out your Social Security number unless completely necessary.
- Use a donated or prepaid cell phone, as no name or address is required.
- Avoid verbally giving out your identifying information (such as at the pharmacy, bank, dry cleaners, etc.).

Protecting Residential Address (Slide 2 of 4)

- Some apartment complexes provide utilities; consider using this resource if possible.
- Use cash, money orders, or prepaid credit cards. Credit cards can be linked to your identifying information.
- Be cautious of ordering ANYTHING on the Internet, as this makes a victim much easier to track.

Protecting Residential Address (Slide 3 of 4)

- Search for your name and your children's names on the Internet. Ask for schools, employment, civic organizations to not publish your name or picture on the Internet.
- Schools, DMV, TANF, CHOICES, etc. and any other state or local entity MUST accept the ACP address.
- If possible, advocate for your employer to use your ACP address.

Protecting Residential Address (Slide 4 of 4)

- If you have a visitation schedule, utilize a kid exchange program or a safe drop-off such as a police station or public location.
- It will be up to the participant to be vigilant in only giving out the ACP address.
- Create new email accounts. Look for free web-based email accounts, and do not provide detailed information about yourself.

Sample ACP Card

Back of Card

PROGRAM PARTICIPANT MAY RECEIVE CORRESPONDENCE
AT THE BELOW ADDRESS:

JOHN DOE SMITH - 1234
P.O. BOX 12108 MC068
AUSTIN, TEXAS 78711-2108

FOR QUESTIONS CONCERNING
THE ADDRESS CONFIDENTIALITY PROGRAM
OR THE USE OF THIS CARD PLEASE CALL:
PH. 1-888-832-2322

Front of Card

OFFICE OF THE ATTORNEY GENERAL
CRIME VICTIM SERVICES DIVISION
ADDRESS CONFIDENTIALITY PROGRAM

_____
PARTICIPANT NAME (PRINTED)

_____
PARTICIPANT NAME (SIGNED)

EXPIRATION DATE: _____

Authorized To Participate in the Address Confidentiality Program Tex. Code Crim. Proc. Art 56.81

ACP #: _____

NOT TO BE USED AS AN ID

ACP and the Court System

- By law, state and local agencies, including the court system, should accept the ACP address.
  - This will depend on other statutory requirements such as voting.
  - Education of court employees/systems may be needed.

- Courts do have the ability to keep addresses confidential when a victim is seeking a protective order, even if the victim is not in ACP.

- The ID card may not be enough to explain the use of a substitute address. Advocates should consider providing a copy of the statute. Refer to the Texas Code of Criminal Procedure, Articles 56.81-56.93.

In Summary

Victim's Role in the ACP

- Keep info (ACP ID card) safe.
- Inform the OAG/ACP of address changes, name changes and any other pertinent info as it comes up.
- Be vigilant in using the ACP address.

Advocate's Role in the ACP

- Make certain that potential ACP participants understand the program.
- Provide safety planning in conjunction with the application and enrollment.
- Ensure the application and checklist are completed, signed, and submitted.

Resources

- Texas Council on Family Violence
  www.tcfv.org
  (800) 525-1978

- Texas Association Against Sexual Assault
  www.taasa.org
  (512) 474-7190

- National Center for Victims of Crime / Stalking Resource Center
  www.ncvc.org/src

For More Information

Office of the Attorney General
Address Confidentiality Program
P.O. Box 12199 MC 069
Austin, Texas 78711-2199
crimevictims@texasattorneygeneral.gov
(512) 936-1750
(888) 832-2322

www.texasattorneygeneral.gov