



Louisiana's Address Confidentiality Program (**ACP**) is administered by the Louisiana Secretary of State's Office and was modeled after the original program developed in the State of Washington in 1991. In 2006, Louisiana passed **ACP** legislation governing the **ACP** which is found in Title 44:51-56 of the Louisiana Revised Statutes.

The program has two basic parts. First, the **ACP** provides victims, who have moved to a new location unknown to their abuser, with a substitute address for use when interacting with state and local agencies. The second part of the program provides participants with a cost-free first-class mail forwarding service.

**The **ACP** is only one part of your safety strategy. By itself, the **ACP** cannot keep you safe.** Combined with other safety strategies, the **ACP** can help you start a new life.

The **ACP** is not for everyone. Recommendation for participation in the program is deferred to the experts in the field of abuse and sexual assault. You can get more information about safety planning at a victim assistance program near you.

## Who Is Eligible?

Any person attempting to escape from actual or threatened abuse, sexual assault or stalking can apply for participation in the **ACP**. To participate in the **ACP**, a client must meet all of the following criteria:

- Be a victim of abuse, sexual assault or stalking.
- Be concerned for the safety of self, children or household members.
- Be a resident of Louisiana.
- Relocate or plan to relocate to an address unknown to her/his abuser.
- Not have made any public record in a new location such as telephone, utilities, driver's license, etc.
- Live in a residence that the victim does not own. (The **ACP** cannot protect a victim if a house has been purchased in the victim's name.)
- Be 18 years of age or older, be a parent or guardian acting on behalf of a minor or an incapacitated individual.

## How Does ACP Work?

- A victim of abuse, sexual assault or stalking moves to a new location (in Louisiana) that is unknown to her/his abuser, and a public record of the new address has not been created (telephone, utilities, and driver's license).
- The victim calls the **ACP** and is referred to an agency and meets with a certified **ACP** Application Assistant.
- The Application Assistant forwards the application to **ACP** and if all conditions have been met, the victim is certified as a program participant and assigned an **ACP** code and an **ACP** identification card for each member of the household.
- The program participant (and co-participants) can now apply for state and local government services using the substitute address as his/her legal address.
- The **ACP** forwards all first-class, certified and registered mail to the program participant's actual mailing address.

## Substitute Address

The substitute address assigned to a participant has no relationship to his/her actual address and the participant's actual residential address and telephone number are not public record.

## Voter Registration

Participation in the program allows eligible voters to register to vote. Neither the participant's name nor address will appear on any list of registered voters made available to the public. A program participant will be required to vote absentee by mail.

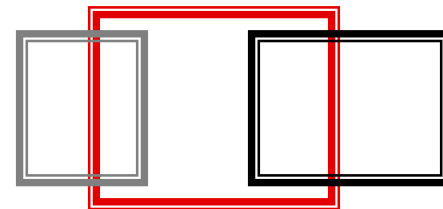
## Certification & Authorization Card

Upon receiving a properly completed application, the **ACP** will certify the applicant as a program participant. The certification is effective for four (4) years unless otherwise cancelled before the expiration date.

The **ACP** issues each participant a laminated authorization card that identifies the individual as a program participant. The authorization card includes the participant's name, date of birth, authorization number, substitute address, expiration date and signature. Cards issued to a minor or incapacitated person are signed by the parent or guardian. In addition, the authorization card contains the **ACP** toll-free telephone number should questions arise about the program or the valid use of the card.

## State and Local Agencies

A state or local government agency may request a waiver from the requirements of the **ACP** by submitting a waiver request. The waiver is an explanation of why the agency cannot meet its statutory or administrative obligations by using the **ACP** substitute address. If the **ACP** accepts the waiver, the agency will only use the participant's actual address for statutory or administrative purposes. Any document containing the participant's actual address will not be a public record. Acceptance or denial of an agency's waiver request is not subject to further review.



## How Can Victims Apply?

Victims do not apply directly to the **ACP**. Application is made in person at one of the designated victim assistance programs located throughout the state. Designated programs are state, local, or non-profit agencies that provide counseling and shelter services to victims of abuse, sexual assault or stalking and have **ACP** trained staff. A parent or guardian can apply to the program on behalf of a minor or incapacitated person. The application process involves meeting with an application assistant.

## What Is An Application Assistant?

An application assistant is an abuse and sexual assault advocate who has received **ACP** training. The application assistant provides the victim with information about the program and helps determine whether **ACP** should be a part of the victim's overall safety plan. In addition, the application assistant helps the victim complete the application documents and forwards them to the **ACP** office for processing.

## Service of Process

The Secretary of State serves as each participant's agent for service of process and for receipt of mail. Mail received at the substitute address is forwarded to the program participant. Participants agree to accept all mail forwarded to them by **ACP**.

## Confidentiality of Records

Program participant's records are confidential and cannot be released by **ACP** staff unless directed by a court of law. The fact that an individual is participating in the program, as well as the substitute address, is not confidential.

## Program Cancellation

The Secretary of State may cancel a program participant's certification for any of the following reasons:

- Failure to notify the **ACP** of a change in address seven (7) days prior to moving.
- Mail forwarded by the **ACP** is returned undeliverable.
- Providing false or incorrect information upon making application to the **ACP**.
- Obtaining a name change.
- Qualifying for political office.

## Contact Information

### Telephone:

(225) 925-4792  
1-800-825-3805

**Email:** [ACP@sos.louisiana.gov](mailto:ACP@sos.louisiana.gov)

### Mailing Address:

**ACP**  
P.O. Box 91301  
Baton Rouge, LA 70821-1301

**Web site:** [www.sos.louisiana.gov/ACP](http://www.sos.louisiana.gov/ACP)

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*Jay Dardenne*  
**Secretary of State**