



**Evaluation of the Address Confidentiality Program**

**December, 2007**

**Office of the Attorney General**

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**December 31, 2007**

During the 2007 Session of the General Assembly, Senator Patricia Smith Ticer introduced legislation (SB 938) which established an address confidentiality program for victims of domestic violence. A one-year pilot program was created and codified in Virginia Code §§ 2.2-515.1 and 2.2-515.2.

The enactment clause of the law specifically provides that “[a]n evaluation of the program shall be prepared by the Office of the Attorney General and the results forwarded to the members of the Senate Committee on General Laws and the House Committee on General Laws by December 31, 2007.” The law further provides that following “the evaluation of the program by the Office of the Attorney General in accordance with the second enactment of this act, the continuation of the address confidentiality program on a statewide basis shall be conditioned upon an appropriation effectuating the purposes of this act in the appropriation act passed during the 2008 Session of the General Assembly and signed into law by the Governor.”

Pursuant to the mandate, the Office of the Attorney General provides the following evaluation:

**Summary of the Pilot Address Confidentiality Program**

An address confidentiality program has been established within the Office of the Attorney General. Specifically, the law requires the Statewide Facilitator for Victims of Domestic Violence to establish a program known as the “Address Confidentiality Program” (ACP) by providing a substitute designated address for victims of domestic violence to use as their personal address for state and local government records. According to the law, an individual who is at least 18 years of age, a parent or guardian acting on behalf of a minor, a guardian acting on behalf of an incapacitated person, or an

emancipated minor, may apply to the Office of the Attorney General to participate in the Program. A qualified participant may use a specifically designated address, under the control of the Office of the Attorney General, as his or her address.

**Specific Components of the Program:**

- The pilot program is limited by law to those residing in Arlington County.
- Any victim of domestic violence is eligible to participate in the program regardless of whether the act or threat of domestic violence has been reported to law enforcement officers. Any “threat” must be a threat of force which would place any reasonable person in apprehension of death or bodily injury.
- Upon approval of a completed application, the Office of the Attorney General certifies the applicant as a program participant. A participant is certified for one year following the date of the institution of the program, unless the certification is withdrawn or invalidated before that date. A program participant may re-apply for certification every year.
- Upon receipt of first-class mail addressed to a program participant, the Attorney General or his designee is required to forward the mail to the actual address of the program participant. The actual address of a program participant is only available to the Attorney General, those employees involved in the operation of the Address Confidentiality Program, and law enforcement officers for law enforcement purposes.
- The legislation is silent with respect to private businesses but does allow a program participant to request that any state or local agency use the address designated by the Office of the Attorney General as the program participant’s address.
- Unless a state or local agency has a *bona fide* statutory basis for requiring the program participant to disclose to the agency his or her actual location, the agency must accept the substitute address. The state or local agency must demonstrate its need for the actual address to the Office of the Attorney General before an actual address will be provided. Additionally, assuming an

agency qualifies to obtain the actual address, the disclosed confidential address of a program participant may only be used for the statutory purpose permitting the exemption and cannot be disclosed or made available to any other person or agency.

- Program participants' actual addresses are maintained in the Office of the Attorney General and are exempt from disclosure under the Virginia Freedom of Information Act, §2.2-3700 *et seq.*, to the extent such records contain information identifying a past or current program participant. This protected information includes: actual and designated address, telephone number, and any email address.
- The actual address of each participant may be disclosed to law enforcement agencies.
- The Office of Attorney General is designated as agent for the purposes of receiving mail on behalf of the applicant.
- The Office of the Attorney General is authorized to cancel a program participant's certification if: (1) the program participant requests withdrawal from the program; (2) the program participant obtains a name change through an order of a court; (3) the program participant changes his or her residence address and does not provide seven days notice to the Office of the Attorney General prior to the change of address; (4) the mail forwarded by the Office of the Attorney General to the address provided by the program participant is returned as undeliverable; or (5) any information contained in the application is false.

### **Program Implementation**

The implementation of the Address Confidentiality Program required several months of planning by a team of employees of the Attorney General (Steering Committee). The planning process also included meetings with the Virginia Department of State Police, Arlington County Police Department, Virginia Department of Motor Vehicles, and agency counsel for the Department of Education and the Virginia State Board of

Elections. Further, Office of the Attorney General staff met with the Arlington County Domestic Violence Shelter (Doorways), a nonprofit, tax-exempt organization that offers safe shelter to abused, homeless, and at-risk women and families in the Arlington County, to discuss procedures for implementing the program.

In order to facilitate the program, the Office of the Attorney General rented a United States Postal Service Post Office Box to be used as the substitute address for participants. Additionally, the Steering Committee within the Office of the Attorney General created procedures and policies for the program, a form application, a form acceptance letter, and other forms to be used by each applicant.

The ACP Pilot was fully operational and made available to residents of Arlington County on July 1, 2007. Arlington County has an estimated population of 204,800.

### **Pilot Program Operation**

Program participants are residents of the Commonwealth of Virginia who have recently relocated and whose new location is unknown to the abuser. Currently, participation in the ACP is limited to persons living in Arlington County, Virginia. Participant status is not transferable if a participant moves to another state. The goal of the Address Confidentiality Program is to aid domestic violence victims by keeping their “physical address” confidential and allowing the individual to start a new life free from his or her abuser at a new physical location unknown to the abuser. However, ACP is not retroactive and cannot provide absolute protection for a victim of domestic violence. The ACP is only one piece of a victim’s overall safety plan. Each ACP participant is advised to seek counseling through a crisis center as well as shelter services for an overall safety plan. ACP provides a cost-free mail forwarding service. The value of the ACP is that program participants are authorized to use a “substitute” mailing address in *lieu* of a home address. All ACP participants use the same post office box, which is located in Richmond, Virginia and maintained by the Office of the Attorney General. The ACP assigns each participant a unique authorization code number which must be used as part

of the substitute address. The ACP monitor in the Office of the Attorney General receives, sorts, repackages, and forwards all first-class mail to each participant's actual residential address.

The ACP issues an authorization card to each program participant. The authorization card is not proof of identification, but includes the participant's name, signature, date of birth, authorization code, and substitute address. When a program participant presents his or her authorization card, state and local government agencies must accept the ACP substitute address as though it is the person's actual residential address.

Program participants choose when to use the substitute address. Further, any participant may reveal their actual address to a government employee at any time. However, when an ACP participant chooses to reveal his or her actual address, the agency is not obligated to keep that information confidential. Since the participant is authorizing the Office of the Attorney General to serve as his or her agent for receipt of first-class mail and services of process, the Attorney General is obligated to verify the participation of an individual. The person requesting the verification must supply the ACP with the participant's name and the ACP authorization code number. However, the ACP monitor cannot provide any additional information, including the participant's actual address.

### **Application Process**

The application package contains an application, an authorization card with instructions, and a checklist, which must be read and initialed by each participant in the presence of a notary. A copy of a valid government issued identification card must be submitted with the application packet for processing and identification purposes. The applicant is also required to include a copy of a billing statement (utility, telephone, gas, etc.), an executed lease, or other documents showing the name and actual address of the applicant.

Completed applications are forwarded to the Office of the Attorney General ACP, where they are reviewed and certified. Each certified participant is assigned a substitute address and a unique authorization code number. He or she is also issued an ACP authorization

card. Once a participant receives an ACP authorization card, the participant can apply for state and local services using the ACP substitute address. It is the participant's responsibility to advise the agency that he or she is an ACP participant and to use the ACP substitute address.

Participation in the ACP is not permitted if the applicant is a sex offender for which registration is required pursuant to the Sex Offender and Crimes Against Minors Registry program as statutorily provided through Chapter 9 of Title 9.1 of the Code of Virginia, or if the applicant is currently on probation or parole. To ensure that the applicant is not a sex offender, the Sex Offender Registry is searched and an inquiry is made with the local probation and parole office.

Participants are required to provide their actual addresses when applying for a permit to carry a concealed weapon and when purchasing firearms from a gun dealership. Participants are also required to provide their actual addresses to law enforcement during the issuance of a summons for a traffic offense and during a criminal investigation or arrest.

### **Program Impact on Other Agencies**

#### **Virginia Department of State Police**

In accordance with the law, an agency may petition the Office of the Attorney General for an exemption to the ACP. If the Office of the Attorney General grants the agency an ACP exemption, program participants involved with that agency must reveal their actual addresses.

On June 29, 2007, the Virginia Department of State Police requested an exemption. That request was granted. The request for an exemption was based upon Virginia Code § 18.2-308 (Concealed Weapons), Virginia Code §18.2-308.2:2 (Purchase of Firearm), Virginia Code §19.2-390 (Arrest Warrant and Submission to CCRE), Virginia Code

§19.2-74 (Release on Summons), and Virginia Code § 9.1-903 (Sex Offender and Crimes Against Minors Registry).

### **Virginia State Board of Elections**

An ACP participant who is registered to vote is required to provide his or her actual street address. However, upon presenting an ACP authorization card, the participant may also request that the ACP substitute address be used. The participant's actual street address will be used by election officials to verify that the participant is qualified to vote, but will not be made available to the public.

For purposes of voting, the ACP participant must present an appropriate form of identification, such as a valid Virginia Driver's license, to the officer of election. The ACP participant should also inform the officer of election of his or her ACP substitute address, either verbally or by presenting the ACP authorization card. The pollbook used by the officer of election to determine whether a voter is qualified will only include the voter's ACP substitute address, not the actual street address. Public lists of registered voters and primary voters, or registration records open to public inspection, as permitted by law, will only include the participant's ACP substitute address and not the actual street address. This practice is consistent with Virginia Code §§24.2-405, 24.2-406 and 24.2-444.

### **Virginia Department of Motor Vehicles**

In order to list the ACP address on a valid Virginia driver's license or photo identification card, participants are required to change the address with the Department of Motor Vehicle (DMV) and obtain a replacement document. When completing the application, a participant is authorized to enter the substitute address assigned by the ACP as his or her mailing address. Participants do not need to complete the "Street Address" or the "Name of City or County of Residence" fields. If DMV has a valid image on file, the new license or identification card is forwarded to the participant using the ACP mailing address. Currently, DMV does not have the capability of protecting the actual address



from other sources and has opted not to seek the actual address from the Office of Attorney General.

Any participant who owns a motor vehicle that is registered in Virginia must change his or her address with DMV and obtain a replacement document. In order to do this, the participant must complete the DMV's Address Change Request. When completing the application, the participant must enter the substitute address, including the unique authorization code assigned by the ACP. The Participant does not need to complete the "Street Address," "Name of City or County of Residence," or "Garage Jurisdiction" fields. "Garage jurisdiction" information indicates where the vehicle is normally parked or garaged. The information is captured by the DMV and shared with the locality in which the vehicle is garaged. This is the indicator for the locality to assess personal property tax. Under the pilot program, DMV cannot provide the garage jurisdiction information to the locality, as it does not have the participant's actual address.

To date, no participant has taken steps to update his or her information with the DMV.

Currently, the DMV does not have the programming capability to make available to law enforcement the actual confidential address. The DMV verifies address information with many other sources, including law enforcement. If a participant does not take steps to update his or her driver's license, the DMV information is stale. Consequently, it impacts requests for information from other sources. On the other hand, if a participant updates his or her driver's license information with the designated substitute address under the ACP, law enforcement agencies must contact either the Arlington County Police Department or the Office of the Attorney General to obtain the actual confidential address. This is an added process for law enforcement. Accordingly, it was determined that during the pilot project in Arlington County, the most efficient way to communicate residential information restrictions to law enforcement for purposes of checking the Virginia Criminal Information Network (VCIN) is to require the DMV to enter into the dwelling address field for all ACP participants the following:

*Police access only 703-558-2222, ARLINGTON VA 22201*

This information alerts the officer who is checking VCIN to contact the Arlington County Police Department to obtain the actual address. The Office of the Attorney General provides the actual addresses of all participants to the Arlington County Police Department.

### **Arlington Police Department**

As the pilot project local law enforcement agency, the Arlington County Police Department has been impacted by the implementation of the program. That Department has graciously accepted responsibility for the law enforcement notification piece of the Program.

The Arlington County Police Department's Emergency Communication Center (ECC) is used as the point of contact. Should any law enforcement officer need the actual address for law enforcement purposes, the affected officer will see "***Police access only 703-558-2222, ARLINGTON VA 22201***" displayed on the DMV data base. The officer will then contact the ECC for the actual address of the participant.

For emergency calls after 5:00 p.m., the Office of the Attorney General has established a contact person, who can be reached by a pager. However, under the pilot program, all calls from law enforcement will first be directed to the Arlington County Police Department ECC through the DMV data base.

### **Virginia Department of Education and School Records**

Virginia law requires each school division to provide a free public school education to each person of school age who resides within the school division. Virginia law also permits school boards to charge tuition to students who do not reside within the school division but wish to attend the division schools. Because a program participant's substitute address has no relation to the participant's actual location, it may be necessary for a school board to verify the *bona fide* residence of a participant within a particular

school division by contacting the Office of the Attorney General in order to ensure receipt of free public school education.

Participation in the Address Confidentiality Program will not affect the rights and protections afforded by the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their child's education records. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. ACP participants should work with school officials to ensure that the substitute address is reflected in education records.

To date, the Office of the Attorney General has not received a request for a participant's confidential address for purposes of a school record.

### **Program Participants and Cost**

The pilot program has received only four applications. All four applications were submitted with the assistance of the Arlington County Domestic Violence Shelter (Doorways). Only two out of the four applicants met the eligibility criteria to participate in the program, including eight children associated with the two adult participants.

Doorways discusses the address confidentiality program as part of its overall safety plan. However, one of the challenges has been that those offered the ACP continue to reside with the abuser. Another challenge is that although applicants have moved out of their permanent residence, they have no new residence. Instead, they temporarily reside with relatives or friends, or stay in shelters and do not make arrangements or plan to seek a new permanent residence for which the ACP can be used.

The cost of forwarding first-class mail for two participants has been minimal. The cost of Post Office Box rental and forwarding first-class mail for the period of July 2007 through December 2007 was \$240.81.

The cost of the personnel necessary to design, implement, and run the program during the pilot period was absorbed by the Office of the Attorney General.

### **Conclusion**

Domestic violence is a serious public safety issue in our community. Our response to domestic violence requires a coordinated community effort, including the participation of law enforcement and government agencies. We must work together to provide public awareness, training, and services.

The purpose of the Address Confidentiality Program is to further assist in providing a level of protection to aid in an overall safety plan for victims of domestic violence. However, the program cannot ensure victims safety. Only those victims who have truly taken steps to permanently remove themselves and their families from an abusive environment can truly benefit from the Address Confidentiality Program.

During the several months of program development, the Steering Committee identified a variety of critical issues associated with implementing the ACP, particularly if it were to become available throughout the Commonwealth. These issues include the program's impact on law enforcement operations; complications relating to the Department of Motor Vehicles records and data entry; difficulty ensuring voter registration; concerns relating to school records; and the ability to ensure assessment of personal property tax. Additionally, because we have only had two participants, with only four pieces of mail forwarded, we have not been able to obtain comprehensive data to measure the need for the service, the effectiveness of delivery of the service, and how applicable state agencies are affected by the program. However, should the program's participation increase, the costs associated with the rental of the post office box, or repackaging and forwarding of the mail would increase accordingly. Further, should this program be expanded beyond the boundaries of Arlington County, a system would have to be developed for immediate law enforcement access to the participant's actual address on a state-wide

basis. Finally, at this time, due to the lack of participation during the first six months of the pilot program, we are unable to accurately project the cost of continuation of the pilot program or statewide implementation.

**NO.1**

**APPLICABLE SECTIONS OF  
THE VIRGINIA CODE**

**NO.2**

**OVERVIEW OF PILOT  
PROGRAM FOR APPLICANTS**

**NO.3**

**APPLICATION**

**NO.4**

**CHECKLIST FOR APPLICATION**

**NO.5**

**BUDGET**

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## CHAPTER 599

*An Act to amend and reenact § 2.2-515.1 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 2.2-515.2, relating to address confidentiality for victims of domestic violence.*

[S 938]

Approved March 20, 2007

Be it enacted by the General Assembly of Virginia:

1. That § 2.2-515.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 2.2-515.2 as follows:

§ 2.2-515.1. Statewide Facilitator for Victims of Domestic Violence.

The Attorney General shall establish a Statewide Facilitator for Victims of Domestic Violence within the Office of the Attorney General. The Statewide Facilitator shall have the responsibility to (i) *establish an address confidentiality program in accordance with § 2.2-515.2*, (ii) assist agencies in implementing domestic violence programs, and (iii) report on the status of such programs to the House Committee on Courts of Justice and the Senate Committee on Courts of Justice and the Virginia State Crime Commission by January 1 of each year.

§ 2.2-515.2. *Address confidentiality program established; victims of domestic violence; application; disclosure of records.*

A. *As used in this section:*

*"Address" means a residential street address, school address, or work address of a person as specified on the person's application to be a program participant.*

*"Applicant" means a person who is a victim of domestic violence or is a parent or guardian of a minor child or incapacitated person who is the victim of domestic violence.*

*"Domestic violence" means an act as defined in § 38.2-508 and includes threat of such acts committed against an individual in a domestic situation, regardless of whether these acts or threats have been reported to law-enforcement officers. Such threat must be a threat of force which would place any person in reasonable apprehension of death or bodily injury.*

*"Program participant" means a person certified by the Office of the Attorney General as eligible to participate in the Address Confidentiality Program.*

B. *The Statewide Facilitator for Victims of Domestic Violence shall establish a program to be known as the "Address Confidentiality Program" to protect victims of domestic violence by authorizing the use of designated addresses for such victims. An individual who is at least 18 years of age, a parent or*



*guardian acting on behalf of a minor, a guardian acting on behalf of an incapacitated person, or an emancipated minor may apply to the Office of the Attorney General to have an address designated by the Office of the Attorney General as the applicant's address. The Office of the Attorney General shall approve an application if it is filed in the manner and on the form prescribed by the Attorney General and if the application contains the following:*

- 1. A sworn statement by the applicant that the applicant has good reason to believe that:
  - a. The applicant, or the minor or incapacitated individual on whose behalf the application is made, is a victim of domestic violence; and*
  - b. The applicant fears further violent acts from the applicant's assailant;**
- 2. A designation of the Office of the Attorney General as agent for the purpose of receiving mail on behalf of the applicant;*
- 3. The mailing address where the applicant can be contacted by the Office of the Attorney General and a telephone number where the applicant can be called;*
- 4. The new address that the applicant requests not be disclosed because of the increased risk of domestic violence; and*
- 5. The signature of the applicant and any person who assisted in the preparation of the application and the date.*

*C. Upon approval of a completed application, the Office of the Attorney General shall certify the applicant as a program participant. An applicant shall be certified for one year following the date of the institution of the program, unless the certification is withdrawn or invalidated before that date. A program participant may apply to be recertified every year.*

*D. Upon receipt of first-class mail addressed to a program participant, the Attorney General or his designee shall forward the mail to the actual address of the program participant. The actual address of a program participant shall be available only to the Attorney General and to those employees involved in the operation of the Address Confidentiality Program and to law-enforcement officers for law-enforcement purposes.*

*E. The Office of the Attorney General may cancel a program participant's certification if:*

- 1. The program participant requests withdrawal from the program;*
- 2. The program participant obtains a name change through an order of the court;*
- 3. The program participant changes his residence address and does not provide seven days' notice to the Office of the Attorney General prior to the change of address;*

4. *The mail forwarded by the Office of the Attorney General to the address provided by the program participant is returned as undeliverable; or*

5. *Any information contained in the application is false.*

*The application form shall contain a statement notifying each applicant of the provisions of this subsection.*

*F. A program participant may request that any state or local agency use the address designated by the Office of the Attorney General as the program participant's address. The agency shall accept the address designated by the Office of the Attorney General as a program participant's address, unless the agency has demonstrated to the satisfaction of the Attorney General that:*

1. *The agency has a bona fide statutory basis for requiring the program participant to disclose to it the actual location of the program participant; and*

2. *The disclosed confidential address of the program participant will be used only for that statutory purpose and will not be disclosed or made available in any way to any other person or agency.*

*Any state or local agency that discloses the program participant's confidential address provided by the Office of the Attorney General shall be immune from civil liability unless the agency acted with gross negligence or willful misconduct.*

*G. Records submitted to or provided by the Office of the Attorney General in accordance with this section shall be exempt from disclosure under the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) to the extent such records contain information identifying a past or current program participant, including such person's name, actual and designated address, telephone number, and any email address. However, access shall not be denied to the person who is the subject thereof, or the parent or legal guardian of a program participant in cases where the program participant is a minor child or an incapacitated person, except when the parent or legal guardian is named as the program participant's assailant.*

*H. Neither the Office of the Attorney General, its officers or employees, or others who have a responsibility to a program participant under this section shall have any liability nor shall any cause of action arise against them in their official or personal capacity from the failure of a program participant to receive any first class mail forwarded to him by the Office of the Attorney General pursuant to this section. Nor shall any such liability or cause of action arise from the failure of a program participant to timely receive any first class mail forwarded by the Office of the Attorney General pursuant to this section.*

2. That the provisions of this act shall be limited to and implemented solely within the County of Arlington. An evaluation of the program shall be prepared by the Office of the Attorney General and the results forwarded to the members of the Senate Committee on General Laws and the House Committee on General Laws by December 31, 2007.

3. That following the evaluation of the program by the Office of the Attorney General in accordance with the second enactment of this act, the continuation of the address confidentiality program on a statewide basis shall be conditioned upon an appropriation effectuating the purposes of this act in the appropriation act passed during the 2008 Session of the General Assembly and signed into law by the Governor.

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# **COMMONWEALTH of VIRGINIA**

*Office of the Attorney General  
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ADDRESS  
CONFIDENTIALITY PROGRAM  
Post Office Box 1137  
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## **COMMONWEALTH OF VIRGINIA ADDRESS CONFIDENTIALITY PROGRAM**

**SUMMARY OF THE PROGRAM:** The Address Confidentiality Program (ACP) provides services to domestic violence victims. The ACP began July 1, 2007 and is administered by the Office of the Attorney General. Laws governing the program are located in § 2.2-512 Va. Ann. Code. Program participants are residents of the Commonwealth of Virginia who have recently relocated and whose new location is unknown to the abuser. The goal of the Address Confidentiality Program is to help domestic violence victims keep their new address confidential.

The ACP helps keep the victim's new location confidential. ACP is not retroactive and cannot provide absolute protection. The ACP is only one piece of a victim's overall safety plan. By itself the ACP cannot keep victims safe. Each ACP participant should seek counseling through a crisis center and shelter services for overall safety plan.

ACP provides cost-free mail forwarding service. Program participants are authorized to use a "substitute" mailing address in lieu of a home address. The Office of the Attorney General serves as each program participant's legal agent for receipt of mail and service of process.

**APPLYING FOR ACP PARTICIPATION:** The ACP is intended to help victims of domestic violence who have confidentially relocated to a location unknown by their abuser. Participation in the ACP is limited to victims living in Arlington County, Virginia and is not transferable if the participants move to another state. Both adults and children can participate in this program. Completed applications are forwarded to the ACP in Richmond, Virginia where they are reviewed and certified. Each certified participant is assigned a substitute address, an authorization code number and issued an ACP authorization card. Once participants receive their ACP authorization card they can apply for state and local services using the ACP substitute address. It is the participant's responsibility to let the agency employees know that they are an ACP participant and that they wish to use the ACP substitute address.

Participation in the ACP is not permitted if the applicant is a sex offender for which registration is required pursuant to the Sex Offender and Crimes Against Minors Registry program as statutorily provided through Chapter 9, of Title 9.1 of the Code of Virginia, or if the applicant is currently on parole and/or probation.

Participants will be required to provide actual address when applying for permit to carry concealed weapon and when purchasing firearms from a gun dealership. Participants will also be required to provide actual address to law enforcement during the issuance of a traffic summons for a traffic violation and during a criminal investigation or arrest situation .

**THE ACP SUBSTITUTE ADDRESS:** The substitute address has no relation to a participant's actual location. All ACP participants are authorized to use the same post office box, which is the ACP's post office box in Richmond, Virginia. The ACP assigns each participant a unique authorization code number which must be used as part of the substitute address. The ACP receives, sorts, repackages, and forwards all 1<sup>st</sup> class mail to each participant's actual residential address. The ACP does not forward magazines and catalogs.

The ACP issues an authorization card to each program participant. The authorization card is not proof of identification, but includes the participant's name, signature, birth date, authorization code and substitute address. When a program participant presents his or her authorization card, state and local government agencies must accept the ACP substitute address as though it is a person's actual residential address.

In some situations, an agency may petition the Office of the Attorney General for an exemption to the ACP laws. If the Office of the Attorney General grants the agency an ACP exemption, program participants involved with that agency may have to reveal their actual location.

Program participants choose when to use the substitute address. They decide if and when they reveal their actual address to a government employee. When an ACP participant chooses to reveal his or her actual address, the agency is not legally obligated to keep that information confidential. Since the participant is legally making the Attorney General their agency for receipt of mail and services of process, the Attorney General is obligated to verify the participation of a specific program participant. The person requesting the verification must supply the ACP with the participant's name and the ACP authorization code number. However, the ACP cannot provide any additional information including the participant's actual location.

**DISCLOSURE OF RECORDS:** The Attorney General will not make any records available in a participant's file (including the participant's address and phone number) for inspection or copying unless:

- 1) directed in a court order;
- 2) requested by a law enforcement agency;

Access will not be denied to the participant, or to the parent or legal guardian of a program participant in cases where the program participant is a minor child or an incapacitated person, unless the parent or legal guardian is named as the program participant's assailant.

A law enforcement request must be in writing, on agency letterhead and be signed by the agency's chief law enforcement officer. The request must contain the stated reasons and legitimate purpose for the request.

**VOTING BY ACP PARTICIPANTS:** For purposes of registering to vote, ACP participants are required to provide their actual street address, but upon presenting an ACP authorization card the participant may also request that the ACP substitute address be used. The participant's actual street address will be used by election officials to verify that the participant is qualified to vote, but will not be made available to the public. Public lists of registered voters, primary voters or registration records open to public inspection, as permitted by law, will only include the participant's ACP substitute address and not their actual street address.

For purposes of voting, the ACP participant will present to the officer of election an appropriate form of identification, such as a valid Virginia Driver's license. The ACP participant should also inform the officer of election of their ACP substitute address, either verbally or by presenting their ACP authorization card. The pollbook used by the officer of election to determine whether a voter is qualified will only include the voter's ACP substitute address, not their actual street address.

**UPDATING YOUR DRIVER LICENSE OR IDENTIFICATION CARD:** If you currently hold a valid Virginia driver's license or photo identification card you will need to change your address with DMV and obtain a replacement document. In order to do this you should complete the application provided by the Office of the Attorney General when you are enrolled in the program. When completing the application, be sure to enter the substitute address, including your unique authorization code, assigned by the ACP as your mailing address. You do not need to complete the "Street Address" or the "Name of City or County of Residence" fields. Please mail your completed application with a check or money order in the amount of \$10.00 to the address below. If DMV has a valid image on file for you they will forward your new license or ID to you using the ACP mailing address.

Virginia Department of Motor Vehicles  
Identification Review Services  
P.O. Box 27412  
Richmond, VA 23269

If you do not have a Virginia driver's license or identification card but wish to obtain one you will need to contact DMV's Identification Review Services Unit at (804) 367-6774. This group will review the requirements with you.

**UPDATING VEHICLE REGISTRATION:** If you own a motor vehicle registered in Virginia you will need to change your address with DMV and obtain a replacement document. In order to do this you should complete the application provided by the Office of the Attorney General when you are enrolled in the program. When completing the application, be sure to enter the substitute address, including your unique authorization code, assigned by the ACP as your mailing address. You do not need to complete the "Street Address," the "Name of City or County of Residence," or the "Garage Jurisdiction" fields. Please mail your completed application to the address below. DMV will forward your new registration document to you using the ACP mailing address.

Virginia Department of Motor Vehicles  
Identification Review Services  
P.O. Box 27412  
Richmond, VA 23269

**ACP PARTICIPANTS AND SCHOOL RECORDS:** Virginia law requires each school division to provide a free public school education to each person of school age who resides within the school division. Virginia law also permits school boards to charge tuition to students who do not reside within the school division but wish to attend the division schools. Because a program participant's substitute address has no relation to the participant's actual location, it may be necessary for a school board to verify the bona fide residence of a participant within a particular school division by contacting the Office of the Attorney General in order to ensure receipt of free public school education.

Participation in the Address Confidentiality Program will not affect the rights and protections afforded by the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. ACP participants should work with school officials to ensure that the substitute address is reflected in education records.

**CERTIFICATION CANCELLATION:** Participants are certified for 1 year following the date of certification unless the certification is withdrawn or cancelled before that date. A participant may voluntarily withdraw their certification at any time. The ACP can cancel a participant's certification in the following instances:

- 1) If the participant obtains a name change;
- 2) If the participant changes address from the address on the application and the participant does not notify the ACP within 7 days;
- 3) If mail forwarded to the participant is returned as non-deliverable;
- 4) If the participant knowingly uses false information during the application process
- 5) If the 1 year certification period has expired and the participant has not submitted a renewal form

Telephone 804-692-0952



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Robert F. McDonnell  
 Attorney General  
 Commonwealth of Virginia

## ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Please mail completed application  
 & checklist with signed authorization card form(s) to:

For ACP Use only

**ACP**  
**PO BOX 1133**  
**Richmond, Virginia 23218-1133**

#	
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Type of application: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Renewal <input type="checkbox"/> New Name <input type="checkbox"/> _____		
<b>APPLICANT'S LEGAL NAME</b> (First, Middle, Last)	<b>DATE OF BIRTH</b> (mm/dd/yyyy)	<b>SOCIAL SECURITY NUMBER</b>
Mr. Ms.		
Has applicant ever participated in a confidential address program in VA or in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what state?		
<b>CO-APPLICANT NAME(s)</b> (First, Middle, Last)	<b>DATE OF BIRTH</b> (mm/dd/yyyy)	<b>Relationship to applicant</b>
A.		
B.		
C.		
D.		
E.		
NOTE: Adult co-applicants <b>must</b> sign the application, checklist, and an authorization card form.		
<b>RESIDENCE ADDRESS</b> (Actual residential address is <b>required</b> to participate in the ACP.)		
<b>Street Address:</b> _____		<b>Apt #</b> _____
<b>City</b> _____	<b>VA ZIP</b> _____	<b>County:</b> _____
If mail delivery is not available at this address, please call the ACP.		
<b>TELEPHONE #1</b> (circle one) home/work/cell _____ (     )	<b>TELEPHONE #2</b> (circle one) home/work/cell _____ (     )	<b>TELEPHONE #3</b> _____ (     )

*I am (or the applicant/co-applicant for whom I am the parent/guardian is) a victim of **domestic violence**. I am a resident of the Commonwealth of Virginia and have recently relocated to a place unknown to the abuser. I certify that I am not a convicted sex offender for which registration is required pursuant to the Sex Offender and Crimes Against Minors Registry program as statutorily provided through Chapter 9, of Title 9.1 of the Code of Virginia. I understand that knowingly providing the ACP with false or incorrect information is punishable under Va. Ann. Code §18.2-434 or other applicable statutes and may jeopardize my participation in the program. I certify under penalty of perjury that the information contained in this form is true and accurate.*

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

\_\_\_\_\_  
Date

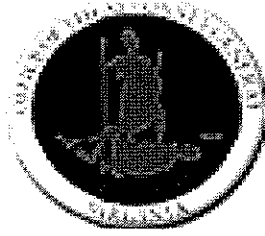
**CERTIFICATION CANCELLATION:** Participants are certified for 1 year following the date of certification unless the certification is withdrawn or cancellation before that date. A participant may voluntarily withdraw his or her certification at any time. The ACP can cancel a participant's certification in the following instances:

- 1) If the participant obtains a name change;
- 2) If the participant changes address from the address on the application and the participant does not notify the ACP within 7 days;
- 3) If mail forwarded to the participant is returned as non-deliverable;
- 4) If the participant knowingly uses false information during the application process;
- 5) If the 1 year certification period has expired and the participant has not submitted a renewal form.

Questions? Call ACP at 804-692-0592

7/2007

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Robert F. McDonnell  
Attorney General  
Commonwealth of Virginia

Address Confidentiality Program  
P.O. Box 1133  
Richmond, Virginia 23218-1133

**ADDRESS CONFIDENTIALITY PROGRAM**  
**PO Box 1133, Richmond, VA 23218-1133**  
**1-804-692-0592**

**CHECKLIST OF UNDERSTANDING**

**\*Please initial all Blanks\***

- \_\_\_ I understand it is my responsibility to notify family, friends, businesses, and government agencies that I have moved to a confidential location and have an Address Confidentiality Program (ACP) mailing address;
- \_\_\_ The ACP is a mail-forwarding service, so my mail will go to the ACP office first and then the ACP will forward it to my home. I understand that the ACP does not forward magazines, packages and/or presorted standard "junk" mail. Only first class mail will be forwarded to me. I understand that participation in ACP means it may take longer to receive my mail;
- \_\_\_ I understand it is my responsibility to notify state and local government agencies that I participate in the ACP. When my application is processed, the ACP will send me an authorization card printed with my ACP substitute address. If I want a state or local government agency to accept my ACP substitute address instead of my home address, I need to show my ACP authorization card to the agency employee;
- \_\_\_ I understand that I share the ACP address (PO Box 1133) with other participants. The ACP receives a large volume of mail each and every day. I understand that if the ACP Post Office Box AND the ACP Code number is not on my mail, my mail will be delayed or may never reach me;

- \_\_\_ I understand that I am required by law to notify the ACP of my new address within seven days' notice. I understand that if I submit a mail forwarding order with the United States Postal Service (USPS), my new address will be placed on a national database;
- \_\_\_ I understand that applying under a name other than my legal name 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 different than the name (or names) I wrote on the ACP application;
- \_\_\_ I understand that government agencies and businesses often share information. Giving information to one agency or business may mean others have access to it. If I choose to give my actual address to a state or local government agency, that agency **does not have to** and **probably will not** keep my actual address confidential;
- \_\_\_ I understand that my actual address will be disclosed to law enforcement officers for law enforcement purposes;
- \_\_\_ I understand that in order to have my ACP address on my driver's license or identification card, I must update my information by completing and submitting DMV's Driver's License and Identification Card Application to the DMV. In order to update my vehicle registration I must complete and submit the DMV's Address Change Request to the DMV. My ACP authorization card is proof that I am a participant in the program and it is not proof of identity;
- \_\_\_ I understand that only state and local government agencies are required to accept my ACP substitute address in place of my home address. Private companies such as banks, grocery or department stores, credit reporting agencies, etc., are not required to accept my ACP substitute address. In these cases, it is my responsibility to explore safe options;
- \_\_\_ Virginia state law prohibits disclosure of participant's records under the Virginia Freedom of Information Act (§2.2-3700 et. seq.). I understand the only circumstances under which the ACP will release my file information – including street address and phone number(s) – would be to a state agency with *bona fide* statutory basis for requiring the ACP to disclose my actual address.
- \_\_\_ I understand that the information I give to the ACP is confidential, but my participation in the ACP is not. If asked, the ACP will verify that I am a program participant and that the ACP substitute address is my legal mailing address;
- \_\_\_ I understand that my participation in the ACP will be cancelled if: 1) I request cancellation, 2) the ACP discovers that I provided false information on the ACP application, 3) I move from the address I have given the ACP and do not notify the ACP in advance, 4) mail forwarded to me is returned to the ACP as undeliverable, 5) I move permanently or temporarily out of state, or 6) I change my name through an order of the court; If any one of the above events occur I am required to return the ACP card to the Attorney General's Office via United States Post Service;

- \_\_\_ I understand that I may register to vote by going to my county elections office and I must present my actual street address. I can also ask that the ACP substitute address be used on the lists of registered voters and persons who voted, which is made public pursuant to §§ 24.2-405 and 24.2-406, or on voter registration records which is made available for public inspection pursuant to § 24.2-444. I understand that this means that my name and the ACP substitute address might be available to certain members of the public;
- \_\_\_ As an ACP participant, the Office of the Attorney General is my legal agent for service of process and receipt of mail (Va. Ann. Code §2.2-515.2). That means if the ACP accepts legal documents or certified mail addressed to me, it is as if I received the mail myself;
- \_\_\_ I understand that I am ineligible to participate in the ACP if I am a sex offender for which registration is required pursuant to the Sex Offender and Crimes Against Minors Registry program as statutorily provided through Chapter 9 of Title 9.1 of the Code of Virginia;
- \_\_\_ I understand that upon receiving my application the ACP will conduct a search of the Sex Offender and Crime Against Minors Registry and may contact the Virginia State Police to determine ineligibility due to conviction(s) of sexual offense(s) for which registration is required;
- \_\_\_ I understand that I am ineligible to participate in the ACP if I am currently on parole and/or probation; I understand that I am to also notify the ACP if I am placed on parole and/or probation while I am a participant in the ACP;
- \_\_\_ I understand that I will be required to provide my actual address in court proceedings and when applying for a concealed handgun permit. Information contained in court records is public information;
- \_\_\_ I understand that pursuant to federal and state law I must provide my actual address along with a photo identification issued by the a government agency of the Commonwealth of Virginia or by the United States Department of Defense when a purchasing a firearm from a gun dealership. The information contained in the application is shared with law enforcement and is retained by law enforcement for 30 days, and is retained by the gun dealership indefinitely;
- \_\_\_ I understand that during the issuance of a traffic summons for a traffic violation I will be required to provide my actual address to law enforcement;
- \_\_\_ I understand that during a criminal investigation or arrest situation I will be required to provide my actual address to law enforcement.

*I understand the items above and I hereby designate the Office of the Attorney General as my legal agent for service of process and receipt of mail. I authorize the Office of the Attorney General to act on my behalf or in my place when processing my mail.*

**Signature of Applicant:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Signature of Adult Co-applicant:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

Sworn and subscribed to before me, a Notary Public, in and for the State of Virginia,  
County/City of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Please initial all blanks, sign and mail the Checklist to:  
Address Confidentiality Program, P.O. Box 1133  
Richmond, Virginia 23219

Questions? Call ACP at 1-800-692-0592



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**Internal Budget Log for the Address Confidentiality Program**

<b>Participant Name</b>	<b>PMB #</b>	<b>Mail Received</b>	<b>Mail Sent</b>	<b>Weight</b>	<b>Cost</b>	<b>Envelope Size</b>
Victim #1	2007RM100	8/29/2007	9/4/2007	4.8 oz	\$1.48	9X12
Victim #1	2007RM100	11/28/2007	11/28/2007	.08 oz	\$0.41	8.5X11
Victim #2	2007RM101	11/28/2007	12/6/2007	5.5 oz	\$1.65	10X13
Post Office Box Fees					\$96.00	
Post Office Box Fees					\$96.00	
Victim #1	2007RM100	12/6/2007	12/6/2007	1.4 oz	\$0.58	8.5X11
OAG Labor costs	Hourly Rate	*2			\$44.69	
			<b>TOTAL</b>		<b>\$240.81</b>	

The above chart represents the ongoing costs incurred during this fiscal year for the ACP program. It should be noted that 79% of these expenses are associated with the Post Office Box rental. Accepting the current mail volume per participant, the need for a larger Post Office Box may not occur for several years.

Telephone: (804) 692-0952