

# Address Confidentiality Program (ACP)

Number: **360.753.2972**

Email: **[acp@sos.wa.gov](mailto:acp@sos.wa.gov)**

Website: **<https://www.sos.wa.gov/acp/>**

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Secretary of State's Office



**SOS**

Office of the Secretary of State  
Address Confidentiality Program

## Objectives

- Provide an overview of the Address Confidentiality Program (ACP)
- Identify state and local government mandates
- Strengthen ACP survivor support

## ACP Purpose

- Provides survivors with a means to prevent abusers and potential abusers from locating them through public records

## ACP Laws

- Chapter 40.24 RCW
- Chapter 434-840 WAC
- Exemptions
  - 9a.46.110.
  - Thurston County Auditor

## Services

- Substitute address-Legal address of record
  - Used in lieu of a participant's residential, work, or school address
- Protection of two normally public records:  
voting and marriage
- No cost confidential mail forwarding
  - General funds

## Services (2)

- Legal agent: All 1<sup>st</sup> class, certified, registered mail, government and election
- No packages, magazines, or junk mail are forwarded\*

## ACP Limitations

- Not a witness protection program
- No “go underground”, change identities, or relocation
- Does not remove or delete or authorize removal of existing records or any information contained in these records

## Eligibility and Enrollment

- 4\* legal Criteria
- Meet with an Application Assistant
- ACP Receives Application



## Legal Criteria

- Victim of Domestic Violence, Sexual Assault, Stalking or Trafficking\*
- Live in Washington State
- Relocated/relocating
- Address unknown to their perpetrator

## Advocates

- Certified advocates provide education about program, safety planning and determine eligibility
- Assists with completing application
- Meeting must be in person
- Recommends survivor to program

## ACP OSOS Certification

- If application is complete, ACP certifies survivor into the program
- Assigns substitute address with unique PMB
- Sends welcome packet and authorization card

## Authorization Card

- FRONT



## Authorization Card

- BACK

This program participant is authorized to use the following substitute address:

**Firstname Lastname**

**PMB #####**

**PO Box 257**

**Olympia, WA 98507-0257**

Authorization code, name, post office box and zipcode MUST be used on all correspondence.

**If you have any questions regarding the Address Confidentiality Program or the valid use of this authorization card, please call toll-free:**

**\* 1-800-822-1065 \***

## Cancellation

- Certification is valid for 4 years
- Involuntary Cancellation
- Voluntary Cancellation

## State and Local Government Agencies

- Must accept substitute address when shown authorization card.
- May call ACP to verify status.
- May make copy of authorization card.

## Prohibition of Disclosure

- No employee can disclose a participants address, *unless* permissible by law
- *Law-* disclosure processes set forth in **RCW 40.24.070:**
  - Head of law enforcement agency
  - Court Order



## Assisting the Survivor

- **Not on ACP**
  - Refer to advocate
- **On ACP**
  - Use substitute address on all documents
  - Service of process.
  - Prepare survivor to advocate for themselves

Questions?