



Illinois Address Confidentiality Program



ACP Application Instructions

Complete this application if you are seeking a substitute address and mail-forwarding services.

If you need help completing this application, call the Attorney General's Office at 1-844-916-0295 or acp@ilag.gov. Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.

In order to participate in the Address Confidentiality Program you must be one of the following:

1. An adult person who 1) has good reason to believe he or she is a victim of domestic violence, sexual assault, human trafficking, or stalking and 2) fears for his or her safety.
2. A parent or guardian acting on behalf of a minor child who 1) has good reason to believe that the child is a victim of domestic violence, sexual assault, human trafficking, or stalking and 2) fears for the child's safety.
3. A guardian acting on behalf of a person with a disability, as defined in Article 11a of the Probate Act of 1975, who 1) has good reason to believe that the person with a disability is a victim of domestic violence, sexual assault, human trafficking, or stalking and 2) fears for the safety of the person with a disability.
4. All other members of the ACP participant's household are strongly encouraged to participate in the program in order to best protect the address.

Note: See page 2 for important definitions.

Please include one of the following as proof of residency with your application:

1. A copy of a lease with the applicant's name and residential address,
2. A copy of a utility bill or piece of mail with the applicant's name and residential address, or
3. A letter from the owner or renter of the residential address stating that the applicant currently resides at the address and a copy of a lease, a utility bill, or piece of mail with the owner or renter's name and residential address.
4. A letter from an advocate or social service worker indicating that the applicant currently resides at a shelter. In this case, the shelter's mailing address must be used as the applicant's current residential address.

If you are unable to provide any of the above information, please contact the ACP at 1-844-916-0295 to discuss your particular circumstances in order to come to a resolution that will allow you to participate in the program, if otherwise eligible.

Note: The Address Confidentiality Program is an integral part of a safety plan but will not provide adequate protection on its own. The ACP cannot remove any information that already exists in public records or on the internet. You are strongly encouraged to work with an advocate to develop a comprehensive safety plan. To locate an advocate, contact the Illinois Domestic Violence Hotline at (877) 863-6338 or visit <https://icasa.org/crisis-centers> to locate a Rape Crisis Center in your area.

Definitions

Address Confidentiality for Victims of Domestic Violence, Sexual Assault, Human Trafficking, or Stalking Act

- "Domestic violence" has the same meaning as in the Illinois Domestic Violence Act of 1986 and includes a threat of domestic violence against an individual in a domestic situation, regardless of whether the domestic violence or threat has been reported to law enforcement officers. 750 ILCS 61/10
- "Sexual assault" has the same meaning as sexual conduct or sexual penetration as defined in the Civil No Contact Order Act. "Sexual assault" includes a threat of sexual assault, regardless of whether the sexual assault or threat has been reported to law enforcement officers. 750 ILCS 61/10
- "Human trafficking" means the practices set forth in subsection (b), (c), or (d) of Section 10-9 of the Criminal Code of 2012, regardless of whether the victim has reported the trafficking to law enforcement officers. 750 ILCV 61/10
- "Stalking" has the same meaning as in the Stalking No Contact Order Act. "Stalking" includes a threat of stalking, regardless of whether the stalking or threat has been reported to law enforcement officers. 750 ILCS 61/10

Illinois Domestic Violence Act of 1986

- "Abuse" means physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but does not include reasonable direction of a minor child by a parent or person in loco parentis. 750 ILCS 60/103(1),
- "Family or household members" include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants, and caregivers as defined in Section 12-4.4a of the Criminal Code of 2012. For purposes of this paragraph, neither a casual acquaintanceship nor ordinary fraternization between 2 individuals in business or social contexts shall be deemed to constitute a dating relationship. In the case of a high-risk adult with disabilities, "family or household members" includes any person who has the responsibility for a high-risk adult as a result of a family relationship or who has assumed responsibility for all or a portion of the care of a high-risk adult with disabilities voluntarily, or by express or implied contract, or by court order. 750 ILCS 60/103(6).
- "Interference with personal liberty" means committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which she or he has a right to abstain or to refrain from conduct in which she or he has a right to engage. 750 ILCS 60/103(9).

Probate Act of 1975

- "Guardian" includes a representative of a minor and a representative of a person under legal disability. 755 ILCS 5/1-2.08.
- "Person with a disability" means a person 18 years or older who (a) because of mental deterioration or physical incapacity is not fully able to manage his person or estate, or (b) is a person with mental illness or a person with a developmental disability and who because of his mental illness or developmental disability is not fully able to manage his person or estate, or (c) because of gambling, idleness, debauchery or excessive use of intoxicants or drugs, so spends or wastes his estate as to expose himself or his family to want or suffering, or (d) is diagnosed with fetal alcohol syndrome or fetal alcohol effects. 755 ILCS 5/11a-2.

Civil No Contact Order Act, 740 ILCS 22/103

- "Sexual conduct" means any intentional or knowing touching or fondling by the petitioner or the respondent, either directly or through clothing, of the sex organs, anus, or breast of the petitioner or the respondent, or any part of the body of a child under 13 years of age, or any transfer or transmission of semen by the respondent upon any part of the clothed or unclothed body of the petitioner, for the purpose of sexual gratification or arousal of the petitioner or the respondent.
- "Sexual penetration" means any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration. Evidence of emission of semen is not required to prove sexual penetration.

Stalking No Contact Order Act, 740 ILCS 21/10

- "Course of conduct" means 2 or more acts, including but not limited to acts in which a respondent directly, indirectly, or through third parties, by any action, method, device, or means follows, monitors, observes, surveils, or threatens a person, workplace, school, or place of worship, engages in other contact, or interferes with or damages a person's property or pet. A course of conduct may include contact via electronic communications. The incarceration of a person in a penal institution who commits the course of conduct is not a bar to prosecution under this Section.
- "Emotional distress" means significant mental suffering, anxiety or alarm.
- "Reasonable person" means a person in the petitioner's circumstances with the petitioner's knowledge of the respondent and the respondent's prior acts.
- "Stalking" means engaging in a course of conduct directed at a specific person, and he or she knows or should know that this course of conduct would cause a reasonable person to fear for his or her safety, the safety of a workplace, school, or place of worship, or the safety of a third person or suffer emotional distress. Stalking does not include an exercise of the right to free speech or assembly that is otherwise lawful or picketing occurring at the workplace that is otherwise lawful and arises out of a bona fide labor dispute, including any controversy concerning wages, salaries, hours, working conditions or benefits, including health and welfare, sick leave, insurance, and pension or retirement provisions, the making or maintaining of collective bargaining agreements, and the terms to be included in those agreements.

ACP APPLICATION

If you need help completing this application, call the Attorney General's Office at
1-844-916-0295, 7-1-1 relay service or acp@ilag.gov.

You may complete your application electronically
at [New Submission \(illinoisattorneygeneral.gov\)](https://www.illinoisattorneygeneral.gov)

| | | |
|------------------|--|-------------|
| | Office Use Only | Date |
| Certified | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Required fields are denoted with a red asterisk “*”

Applicant Name:

| First Name * | Middle Name | Last Name * | Date of Birth * |
|---|-------------|-------------|-----------------|
| | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Genderqueer/Gender Non-Conforming <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Answer | | | |

Other names that might appear on my mail are:

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| | | |
| | | |
| | | |

Briefly describe the need for the ACP: *

Name of perpetrator(s)? *

What is your relationship to the perpetrator(s)? *

| | |
|--|--|
| | |
| | |
| | |

When was the last contact with the perpetrator(s)? *

Applicant Phone Numbers *

| Type * | Number * | Can we leave a voice message? * |
|--|----------|--|
| <input type="checkbox"/> Primary <input type="checkbox"/> Cell <input type="checkbox"/> Work | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Primary <input type="checkbox"/> Cell <input type="checkbox"/> Work | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Primary <input type="checkbox"/> Cell <input type="checkbox"/> Work | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant Email Addresses *

| Type * | Email Address * |
|--|-----------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Home <input type="checkbox"/> Work | |
| <input type="checkbox"/> Primary <input type="checkbox"/> Home <input type="checkbox"/> Work | |

Applicant Addresses ***Current Residential Address ***

(Actual residential address is required to participate in the ACP)

Street Address *

Address Line 2

City * **State/Province/Region ***

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Postal/ Zip Code * **County ***

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Name of Employer

Employer Address

Address Line 2

City **State/Province/Region**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Postal/Zip Code **County**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Mailing Address

(If different from residential address)

Mailing Address

Address Line 2

City **State/Province/Region**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Postal/ Zip Code **County**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Name of School

School Address

Address Line 2

City **State/Province/Region**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Postal/Zip Code **County**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Minor Children, Person for whom a court has appointed me legal guardian, who reside at my address are:

| First Name | Last Name | Date of Birth |
|-------------------|------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Do you have a pending or outstanding court order regarding Custody, Visitation, Restraining, or No Contact Orders related to you or any of the minor child or children listed above?

YES NO

Are you able to provide a copy of those orders?

YES NO

Advocacy Assistance (If applicable)

Permission to discuss your application with the advocate?

YES NO

Name of advocate assisting with the application:

Agency Name:

Phone Number:

Email Address:

Advocate Address

Address Line 2

City

State/Province/Region

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Postal/Zip Code

County

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

I am eligible for the Illinois ACP as a survivor of: (Check all that apply) *

Domestic Violence Sexual Assault Human Trafficking Stalking

Applicant Affirmation and Authorization: *

| | |
|--|--|
| <p>Note: Each statement must be INITIALED, and your signature signed below in order for your application to be certified.</p> | |
| Initials | |
| | * I solemnly swear or affirm that I, the minor or ward on whose behalf the application is made, or a member of my household, is a victim of domestic violence, sexual assault, human trafficking, or stalking, as defined by 750 ILCS 61/10. |
| | * I solemnly swear or affirm that I fear for my safety, my children's safety, the safety of the minor or ward on whose behalf the application is made, or the safety of a member of my household as defined in the Domestic Violence Act of 1986. |
| | * I designate the Attorney General as my agent for purposes of service of legal process and receipt of mail. |
| | * I understand that only state and local government agencies are required to accept my ACP substitute address in place of my home, work, or school address. Private companies such as banks, utilities, credit reporting agencies, etc. are not required to accept my ACP substitute address, but I should ask these companies to use my ACP substitute address as my mailing address. I understand that companies providing utilities and insurance, for example, must have my home address to provide services. In these cases, it is my responsibility to explore safe options. |
| | * I understand that, if my application is certified by the Attorney General, my certification as a program participant will be valid for 4 years unless certification is withdrawn or canceled before that date. |
| | * I understand that, if I obtain a name change after my application is certified, I lose certification in the ACP Program. |
| | * I understand that the Attorney General may cancel my certification if I change my residential address, unless I notify the Attorney General of the change at least 7 days before the change of address. |
| | * I understand that the Attorney General may cancel my certification if mail forwarded by the Attorney General to my mailing address is returned as undeliverable. |
| | * I understand that the Attorney General is required to forward ONLY first-class mail to my mailing address. First-class mail includes all personal mail, bills, cards, etc. It does NOT include packages, medications, medical supplies, magazines, or junk mail. |
| | * I understand that the Attorney General is prohibited from disclosing the addresses I provided in this application unless, (1) a request from law enforcement is received; or (2) a court order requiring the addresses to be disclosed to a specific individual is received. |
| | * I understand that falsely attesting in this application that disclosure of my address(es) would endanger my safety or the safety of my children or the minor or incapacitated person on whose behalf the application or knowingly providing false or incorrect information in this application is a Class 3 felony and the Attorney General will cancel my certification as a program participant. |
| | * I understand that the Attorney General shall cancel certification of a program participant who applies using false information. |
| <p>Signature of Applicant: *</p> | |
| <p>Date: *</p> | |

Note: Each adult residing in the household must complete a separate application to participate in the Illinois Address Confidentiality Program, unless the applicant has been appointed a legal guardian of the adult.

To ensure confidentiality of your information, please return completed application to:

Office of the Illinois Attorney General
Address Confidentiality Program
115 South LaSalle, 12th Floor
Chicago, IL 60603
Fax: 312-793-0654

For assistance, call 1-844-923-0295 or acp@ilag.gov.

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