



Indiana Attorney General

ACP

Address Confidentiality Program

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Address Confidentiality

Program Information

Attorney General Todd Rokita



Indiana Attorney General

ACP

Address Confidentiality Program

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Program
Overview



Victim
Advocates
List



Email confidential@atg.in.gov

Phone (317) 232-0490



Indiana Attorney General ACP Address Confidentiality Program

Program Description

Indiana's Address Confidentiality Program (ACP) is a statewide program that allows victims of many offenses—domestic violence, sexual assault, stalking, harassment, human trafficking, intimidation, invasion of privacy—to maintain a confidential address through the Office of the Indiana Attorney General. ACP participants use a unique post office box number in lieu of their residential, work, and/or school address on state issued driver's licenses, ID cards, automobile registrations, and most other public and personal records.



Eligibility

Applicants are eligible to participate if they:

- Are a victim of domestic violence, harassment, human trafficking, intimidation, invasion of privacy, sexual assault, or stalking; or guardian of a minor child or incapacitated adult who is a victim;
- Are in fear for their safety or the safety of a minor child or incapacitated individual on whose behalf the application is made; and
- Have recently relocated or plan to relocate in the near future to an Indiana address unknown to their abuser.



Application Process

Applications for the program must be completed with the assistance of a victim advocate who has been trained as an ACP application assistant. Application assistants help prepare the ACP application, develop a safety plan with the applicant, and may be able to provide other counseling or service referrals. A trained advocate to assist with the application process may be found by contacting the Office of the Attorney General at confidential@atg.in.gov or (317) 232-0490. A QR link to the Victim Advocates List can be found on pages 1 and 6.



Benefits

What benefits does the ACP provide?

Program participants are entitled to:

- Use of the designated ACP address and P.O. Box number by Indiana state, county, and local government agencies and private businesses;
- Confidential mail forwarding;
- An agent for service of process;
- Confidential voter registration, including optional absentee voting; and
- Renewal of ACP enrollment every four years.



How it Works

Once the Office of the Attorney General approves an application and certifies the applicant as a participant:

- The applicant receives an ACP card and welcome packet that provides the applicant with the designated address and their unique "lot number";
- The participant notifies both private entities and public agencies of the designated address using forms provided by the ACP;
- All postal mail is sent to the ACP designated address, and the ACP forwards that mail to the participant's address at no cost to the participant;
- ACP does not forward packages, magazines, catalogues or other bulk mail, liquids, or fragile items. ACP will forward mail-order prescriptions.



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Duties Owed to ACP Participants

Participants provide notice of ACP enrollment and their designated address on forms provided by the Office of Attorney General (see example at end of guidebook).

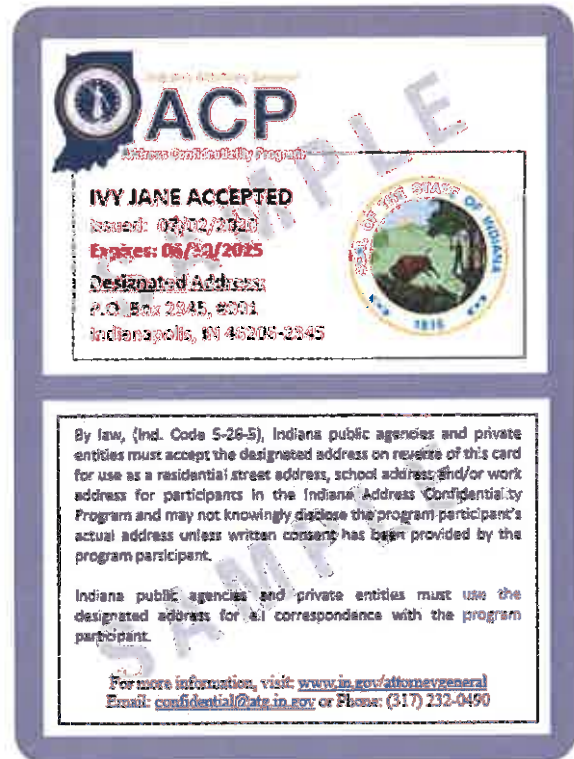


Participant ID Cards

All ACP participants are issued identification cards (see example to the right). Upon receipt of notice of designated address from a program recipient, the Participant's active enrollment in the program may be confirmed by asking to see a current program identification card. All participants have the same base designated address, but each household is assigned a unique "lot number".

Once notification of the designated address from a confirmed ACP Participant has been received, you:

- Must use the designated address as the Participant's address;
- The designated address may be used in place of the Participant's residential, school, and/or work address;
- May not request an additional address from the Participant as a condition of receiving a benefit or service unless it is impossible to provide without knowledge of the Participant's physical address;
- Even then, the designated address must be used for all mail correspondence with the Participant ;
- Landlords also may not display the Participant's name at any location on the premises or common areas, including on the Participant's door or mailbox or in a resident directory;
- May not disclose the Participant's physical address in civil or criminal court proceedings without a court order that complies with the requirements of Indiana Code Section 5-26.5-5-6, including notice to the Participant and the Office of the Attorney General prior to disclosure.



Confidential Information

What Participant information is Confidential?

CONFIDENTIAL

- Residential, work, or school address
- City or county of physical location
- Other identifying information related to a participant's home, work, or school address.

NOT CONFIDENTIAL

- ACP participation
- Date of ACP enrollment
- The designated address



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Duration & Renewal

Duration of Enrollment and Notification of Renewal

You must continue to use the designated address and keep the Participant's physical address confidential, if you possess it, throughout the Participant's enrollment in the program unless the Participant provides written consent to disclosure before the end of the four-year enrollment period.

ACP enrollment continues until June 30 of the fourth year following admission into the program (expiration date is on identification card). Participants may renew enrollment at the end of each term, and there is no limit on the number of renewals possible. Participants are responsible for notifying agencies and businesses of their enrollment in the program and when they renew to extend their enrollment. Participants may stop participating in the program prior to the end of their enrollment period, and participants are responsible for informing agencies whenever the program's designated address ceases to be their address.

The table below provides an overview of the most common ACP provisions. The ACP laws, in their entirety, can be found in Indiana Code Chapter 5-26.5.



ACP Laws

ACP Provision	Statutory Reference
A participant must provide notice of program enrollment and substitute address on forms provided by the Office of Attorney General.	I.C. 5-26.5-5-1
When a physical address rather than a P.O. Box is required by law, participants may use a designated physical address provided by the Office of Attorney General.	I.C. 5-26.5-3-8
When it is impossible to provide services without knowledge of the participant's physical location, persons must keep that confidential and must continue to use the designated address for mail correspondence.	I.C. 5-26.5-5-2.5
State and local government agencies (including courts and law enforcement) must accept a participant's designated address as their residential, work, and school address when creating a new public record.	I.C. 5-26.5-5-2.5, 2.6
Landlords may not post the participant's name on doors, mailboxes, common areas, in resident directories, or in other manner that would reveal the participant's location.	I.C. 5-26.5-5-2.6(b)
The ACP accepts service of process, including personal service, on behalf of a participant.	I.C. 5-26.5-2-2
A person who has received notice of ACP participation and the designated address may not knowingly disclose a participant's physical address.	I.C. 5-26.5-5-2.6
A participant's address, phone number, and other identifying information is not subject to the Indiana Access to Public Records Act.	I.C. 5-14-3-4(a)(1); 5-26.5-2-3(b)
Disclosure of a participant's physical address in civil or criminal proceedings requires a court order obtained after notice to the participant and the Office of the Attorney General.	I.C. 5-26.5-5-6



Indiana Attorney General

ACP

Address Confidentiality Program



Questions & Information

How do I contact the ACP with questions?

Program Administrator
Address Confidentiality Program

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 W. Washington Street
Indianapolis, IN 46204-2770

Email

confidential@atg.in.gov

Phone

(317) 232-0490

Website Information

Scan the QR codes below or visit:

Program Overview: <https://www.in.gov/attorneygeneral/about-the-office/appeals/victim-services/address-confidentiality-program/>

Victim Advocates List: <http://www.in.gov/judiciary/selfservice/2352.htm#advocates>



Program
Overview



Victim
Advocates
List:



Email confidential@atg.in.gov

Phone (317) 232-0490



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Address Confidentiality Program



Notice Form - Sample 1



NOTICE TO GOVERNMENT ENTITY OF ADDRESS CONFIDENTIALITY PROGRAM PARTICIPANT

State Form 57285 (6-23)

Authority: Indiana Code § 5-14-3-4; §§ 6-26.5-5-2.5, 2.6; § 36-1-8.5-9(b)

OFFICE OF THE ATTORNEY GENERAL

302 W. Washington St., 5th Floor

Indianapolis, IN 46204

Telephone: (317) 232-0490

E-mail: confidential@atg.in.gov

PRIVACY NOTICE FOR PROGRAM PARTICIPANT

The information you provide on this form will be confidential and maintained as private data. You are being asked to provide certain information on this form for the purpose of ensuring that any information in the recipient government entity's public files that could reveal where you live, work, or go to school are not shared publicly without your signed consent.

Address Confidentiality Program Participant Name as it Appears in the Government Entity's Records

Program Participant's Date of Birth (mm/dd/yyyy):

Program Participant's Phone Number:

Participant's Real Address - NOTE - only provide if government entity already has your residential address on file (number and street, city, state, and ZIP code)

Expiration Date of Program Participation: 06 / 30 /

By Law, this Governmental Entity Must Send ALL Mail Correspondence to the Participant at their ACP Address. Address must include Lot Number.

P.O. Box 2345, Lot # _____
Indianapolis, IN 46205-2345

If a physical address for the Participant is required, you must use the following:

302 W. Washington Street
IGCS W588 # _____ (Participant lot number)
Indianapolis, IN 46204

Signature: _____ Date (mm/dd/yyyy): _____
Signature of Adult Participant, Parent, or Guardian



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Notice Form - Sample 1

INSTRUCTIONS FOR GOVERNMENT ENTITIES

Indiana's Address Confidentiality Program (ACP) was enacted in July of 2001, and allows victims of many offenses, specifically domestic violence, sexual assault, stalking, harassment, human trafficking, intimidation and/or invasion of privacy, to maintain a confidential address through the Office of the Indiana Attorney General. Indiana Code § 5-26.5 *et seq.* allows ACP participants to utilize their unique P.O. Box number in lieu of their physical residential address, work address, and/or school address on state issued driver's licenses, ID cards, automobile registrations, and most other public and personal records.

The ACP applies to a "governmental entity," defined under I.C. § 35-31.5-2-144 as:

- (1) the United States or any state, county, township, city, town, separate municipal corporation, special taxing district, or public school corporation;
- (2) any authority, board, bureau, commission, committee, department, division, hospital, military body, or other instrumentality of any of those entities; or (3) a state assisted college or state assisted university.

You must accept an ACP participant's assigned P.O. Box address, without requiring the participant to also provide any address that could be used to physically locate them, including their actual home, work, or school address, either as a substitute or in addition to their ACP P.O. Box address, or as a condition of receiving a service or benefit, unless the service or benefit would be impossible to provide without knowledge of the ACP participant's physical location. I.C. §§ 5-26.5-5-2.5, 2.6.

A government entity may not knowingly disclose a participant's residential, school, or work address without the participant's written consent. I.C. § 5-14-3-4(a)(1); §§ 5-26.5-1-2, 5-26.5-5-2.6.

If the government entity is the court system, the participant's residential, school, or work address may not be disclosed absent judicial order and only after notice to the participant and the Office of the Attorney General. I.C. §§ 5-26.5-5-6(a), (b).

If the government entity is the Bureau of Motor Vehicles, please refer to the **BMV Standard Operating Procedure Manual** regarding participants in the ACP.

It is a Class A infraction for a public employee, a public official, or an employee or officer of a contractor or subcontractor of a public agency to knowingly or intentionally disclose information classified as confidential by state statute. I.C. § 5-14-3-10.

Questions? Please contact the ACP Program!

Ellen Fuller

Program Administrator, Address Confidentiality Program
Office of the Attorney General

Email: confidential@atg.in.gov

Telephone: (317) 232-0490



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 Address Confidentiality Program



Notice Form - Sample 2



**NOTICE TO PRIVATE ENTITY OF ADDRESS
 CONFIDENTIALITY PROGRAM PARTICIPANT**
 State Form 57285 (8-23)

**INDIANA ATTORNEY GENERAL
 ADDRESS CONFIDENTIALITY PROGRAM**
 302 West Washington Street, 5th Floor
 Indianapolis, IN 46204
 Telephone: (317) 232-0490
 E-mail: confidential@atg.in.gov

All private entities (non-governmental entities) are subject to the requirements listed on the reverse side of this notice. Indiana Code §§ 5-26.5-5-2.5. 2.6 (2020).

I, _____ (and the members of my household named below) participate in Indiana's Address Confidentiality Program (Ind. Code § 5-26.5 et. seq). You, or your organization, are one of the few entities that know my residential, work, or school address. Because I am giving you this written notice of my / our program participation, there are some laws you must follow. See instructions on reverse.

Names of other ACP Participants in the Household:

By Law, this Private Entity Must Send ALL Mail Correspondence to the Participant at their ACP Address. Address must include Lot Number.

P.O. Box 2345, Lot # _____
 Indianapolis, IN 46206-2345

Account Number with Your Company (if applicable): _____

Program Participant's Telephone Number: () _____ - _____

Signature: _____ **Date (mm/dd/yyyy):** _____

Signature of Adult Participant, Parent, or Guardian



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Notice Form - Sample 2

INSTRUCTIONS TO PRIVATE ENTITY

Instructions for Recipients of this Notice:

Upon receipt of this Notice, you **must protect** the address (residential, work, and school address) of the participants indicated on this Notice. I.C. §§ 5-26.5-5-2.5, 2.6 (2020).

You cannot disclose the address (residential, work, and school address) of a participant indicated on this Notice, unless the participant has provided written consent for the disclosure. Disclosure may be only for the purpose for which the consent is given. I.C. §§ 5-26.5-5-2.5, 2.6 (2020).

If a physical address is required, you must use the following, including the applicable Lot #:

302 West Washington Street
IGCS W568, # _____
Indianapolis, IN 46204

I.C. § 5-26.5-3-8.

Specific Instructions for Recipient Landlords or Property Management:

You **are prohibited** from displaying the name of any ACP participant indicated on this Notice at the participant's address. If the participant resides in a unit of a multifamily building or complex, you **may not** display the participant's name at the unit, building, or complex, including display of the name on a mailbox, door, or in a tenant directory, clubhouse, or other common area. I.C. § 5-26.5-5-2.6(b).

The names listed on this Notice **cannot be released** to state or political subdivisions, unless responding to a specific request made in connection to: 1. an active investigation or inspection of an alleged health, building, or fire code violation; or 2. an active investigation of a violation of the law allegedly committed by the participant. I.C. § 5-26.5-5-2.6(c)(2).

Questions? Please contact the ACP Program!

Eilen Fuller

Program Administrator, Address Confidentiality Program

Office of the Attorney General

302 W. Washington Street, 5th Floor

Indianapolis, IN 46204

Email: confidential@atg.in.gov

Telephone: (317) 232-0490



REAL PROPERTY NOTICE
State Form ~~9099~~ (11-19)

INDIANA ADDRESS CONFIDENTIALITY PROGRAM
Real Property Notice
P. O. Box 2345
Indianapolis, IN 46206-2345
Telephone: (317) 232-0490
Fax: (317) 232-7979
E-mail: confidential@atg.in.gov
Website:
<https://www.in.gov/attorneygeneral/about-the-office/appeals/victim-services/address-confidentiality-program/>

INSTRUCTIONS: COUNTY: Please send a copy of this notice to the ACP office. For assistance in complying with Indiana Code §§ 5-26.5-1-5.5, 2-3; contact your county attorney.

PARTICIPANT: For privacy notice see reverse side of this document.

ADDRESS CONFIDENTIALITY PARTICIPANT		
Address Confidentiality Program Participant Full Legal Name (First, Middle, Last):		
Program Participant's Date of Birth: / /	Program Participant's Phone Number: () -	Expiration Date of Program Participation: / /

PARTICIPANT'S DESIGNATED ADDRESS	
Send ALL Mail Correspondence to the Participant at their ACP Address, including Lot #.	
P.O. Box 2345, Lot # _____ Indianapolis, IN 46206-2345	
Transaction Type: (Check All that apply)	
<input type="checkbox"/> New Purchase Real Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Refinance/Assignment <input type="checkbox"/> Mortgage Release <input type="checkbox"/> Other <input type="checkbox"/> Sale of existing real property and purchase of new real property	
If sale of existing real property, list recorded documents that no longer require shielding from public view. (Please contact your County Recorder for assistance if needed)	
Instrument # _____ Instrument # _____ Instrument # _____ Instrument # _____	Doc Type: _____ Doc Type: _____ Doc Type: _____ Doc Type: _____
Legal Description of the Real Property Affected by this Notice: _____ _____	
Tax ID# (Parcel Number): _____	
Street Address of the Real Property Affected by this Notice: _____ _____	

AFFIRMATION

I am over the age of 18 and signed this Real Property Notice as part of my own free will.

Signature of Participant: _____

Date: _____

State of Indiana

County of: _____

Before me, the undersigned a Notary Public in and for the State of Indiana, on this _____ day _____, 20____, personally appeared _____, Who acknowledged the execution hereof.

Seal

Notary Public

Printed Name

Resident of: (County)

My Commission Expires _____

Counties: Please Forward a complete copy of this Notice to the Office of the Indiana Attorney General at the following address:

Indiana Address Confidentiality Program
Real Property Notice
P.O. Box 2345
Indianapolis, IN 46206-2345
OR
Confidential@atg.in.gov

Privacy Notice to Address Confidentiality Program Participant

You are being asked to provide certain information on this form for the purpose of ensuring that any information that could identify you (your identity data) and any information that could reveal the location of the real property you are purchasing (your location data) cannot be provided together in public records related to your purchase and ownership of real property in Indiana. Filing this form is strictly voluntary; however the county recorder is not required to separate your identity and location data unless you file this form with all of the required information. A copy of this form will be provided to the Address Confidentiality Program (ACP) and the person who maintains the property tax records in the county. The information you provide on this form will be used by employees of the county recorder solely and exclusively to file records related to your ownership in the real property listed on this form. Upon request from a person conducting a title examination, the ACP may confirm or deny that the property in question is or is not subject to this notice. The county recorder will continue to be prohibited from sharing your identity data in conjunction with your location data unless or until: 1. You consent to the disclosure; 2. A court orders the disclosure; 3. You sell the property; or 4. You are no longer a participant in the ACP. **If you renew your participation in the Address Confidentiality Program, you must submit a new form to your county recorder to continue to have your data made private.**

This form is to be used by government services as authorization to obtain necessary data related to processing real property transferring ownership, assessment of real estate, taxing, 911 services and other government required duties.

302 W. Washington St., 5th
Floor Indianapolis, IN 46204



Email: confidential@atg.in.gov
Phone: (317) 232-0490

Address Confidentiality Participant Consent to Search Real Property Records

Address Confidentiality Program Participant Full Legal Name (First, Middle, Last):

Pursuant to Ind. Code §5-26.5-5-2.6, I give consent to _____
_____ (insert name of Title Company, Title
Search Vendor, or other Real Property Service Provider) ("Real Property Service Provider")
to search any and all government agency records within the county of _____,
State of Indiana. I understand specific records may not be publicly available pursuant to
the Address Confidentiality Program, I.C. §§5-26.5-2-1, et al., but I consent to this search
for the purpose of a real property transaction I am a part of and to provide my consent to
county officials to release these records, including confidential information otherwise
protected by the Address Confidentiality Program, to the Real Property Service Provider
identified above. This consent remains effective for 180 days.

I am over the age of 18 and signed this Address Confidentiality Participant Consent to
Search Real Property Records as part of my own free will.

Signature

Date: _____

(Printed Name)

State of Indiana

County of: _____

This record was signed and sworn to me on _____ by _____.

Seal

(Printed Name)

County of Residence

Commission Number

