

# Address Confidentiality Program of Idaho


IDAHO SECRETARY OF STATE

Title 19 Criminal Procedure, Chapter 57

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## What does ACP provide participants?

- Protects the physical address of survivors of certain crimes.
- Provides participants with a substitute mailing address.
- Allows participants to conduct business with state and local government agencies and not connect their name with their physical address.



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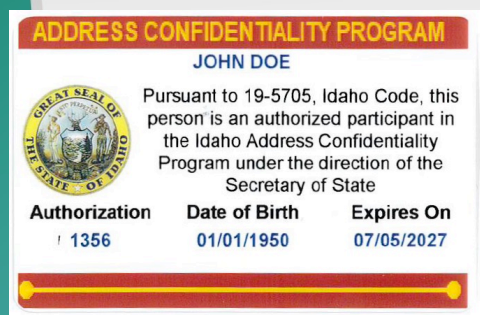
## ACP participants are survivors of:

- Domestic violence
- Sexual assault
- Stalking
- Malicious harassment
- Human trafficking



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Every adult participant in the Secretary of State's ACP program is issued an Authorization Card.



Pursuant to 19-5705, Idaho Code, state and local agencies shall accept the following address:

JOHN DOE  
P.O. Box 1737  
ACP 1356  
Boise, Idaho 83701

Questions regarding the program or the valid use of this authorization card may be directed to 208-334-2852



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# Law Enforcement and Judicial Officer ACP program participant applications

**LAW ENFORCEMENT ADDRESS CONFIDENTIALITY APPLICATION**  
(CHAPTER 60, TITLE 19, IDAHO CODE)

**Instructions to Applicants:**

1. Fill out and sign application.
2. Get signature from the head of your agency or his/her designee.
3. Make two copies of application for registration only.
4. Submit application to county clerk's office.
5. Entry may require police I.I. issued by your law enforcement employer.

Type of Application: New  Renewal   
(Check One)

APPLICANT'S LEGAL NAME (Last, First, Middle) and Alias: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

Spouse/Children in Household (Last, First, Middle)	Last 4 digits of Social Security #	Birth Date	Relationship to applicant
1.			
2.			
3.			
4.			
5.			

ADDRESS OF APPLICANT'S LAW ENFORCEMENT EMPLOYER (To be used as official address on all public records)

Street Address: 333 Mark Shaw Plaza  
City: Boise ZIP: 83724 County: ADA Contact Phone: 208-370-0000

TELEPHONE #1 (area code) (208) ( ) ( ) TELEPHONE #2 (area code) (208) ( ) ( )

I solemnly swear or affirm that the information listed on this application is true and that I am currently employed as a law enforcement officer as defined in Section 19-5801, Idaho Code. *12-28-20*

Print name of head of agency or his/her designee: Byron Lee, Chief of Police  
Signature of head of agency or his/her designee: \_\_\_\_\_  
Date: 12-28-20 Contact Phone: 208-510-6190

**JUDICIAL OFFICER ADDRESS CONFIDENTIALITY APPLICATION**  
(CHAPTER 60, TITLE 19, IDAHO CODE)

**Instructions to Applicants:**

1. Complete and sign application.
2. Obtain required verification from the ACC Director of State Barriers to Bar Judges.
3. Deliver a copy of the application to each public agency. Agency may require presence at the public agency I.D.

Type of Application: New  Renewal   
(Check One)

APPLICANT'S LEGAL NAME (Last, First, Middle) and Alias: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

Spouse/Children in Household (Last, First, Middle)	Last 4 digits of Social Security #	Birth Date	Relationship to applicant
1.			
2.			
3.			
4.			
5.			

By submitting this Application, I am requesting that my Idaho residential street address and telephone number, and the address and telephone numbers of the above-listed residing household members, be exempt from public disclosure per Idaho Code section 19-6002.

In addition, I  am  am not (check one) requesting that the address of my chambers set forth below be used as my alternate Idaho mailing address on all applications, identification cards, licenses, certificates, permits, tags, etc., issued to me or the above-listed residing household members, pursuant to Idaho Code section 19-6003(2).

ADDRESS OF APPLICANT'S CHAMBERS

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

TELEPHONE #1 (area code) ( ) ( ) TELEPHONE #2 (area code) ( ) ( )

I solemnly swear or affirm that the information contained in this application is true and that I am currently a judicial officer as defined in section 19-6001(4), Idaho Code.

Print Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_



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# Voting as an ACP participant

- Appear in person at the County Clerk's Office.
- Ask for a person dedicated to handling ACP participants.
- Participant must provide physical address on the voter registration card.
- The clerk must secure the address and keep ACP registrations separate from other registration cards.



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## Contact Us:

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