



ATTORNEY GENERAL OF TEXAS  
GREG ABBOTT  
Address Confidentiality Program

ACP Number

Date Received

Type of Application

New

Reinstatement

Renewal

Applicant's Legal Name

Mr.  Last Name  First Name  Middle name   
Ms.

Residential Address (Business or School If Applicable).

Street Address  Apartment Number   
City  Tx  Zip  County

*\*Participant's actual residential address is required to participate in the Address Confidentiality Program*

Applicant's Telephone

Work  Home  Cell/Message/Other  Date of Birth (MM/DD/YYYY)

Household Member(s) Name(s) if Participation is Desired

A. Last Name  First Name  Middle Name   
Relationship of Applicant  Date of Birth (MM/DD/YYYY)  Mr.   
Ms.   
B. Last Name  First Name  Middle Name   
Relationship to Applicant  Date of Birth (MM/DD/YYYY)  Mr.   
Ms.   
C. Last Name  First Name  Middle Name   
Relationship to Applicant  Date of Birth (MM/DD/YYYY)  Mr.   
Ms.   
D. Last Name  First Name  Middle Name   
Relationship to Applicant  Date of Birth (MM/DD/YYYY)  Mr.   
Ms.

Has applicant ever participated in a confidential address program? Yes  No  If yes, in what state?

If YES to the above, when?

This application is for a victim of: Family Violence  Sexual Assault  Stalking

I fear for my safety because of a threat of immediate or future harm caused by the person who committed or is alleged to have committed the family violence, sexual assault, or stalking.

I hereby designate the Office of the Attorney General as the agent for service of process and receipt of mail for me and any of the household members listed in this application.

Yes  No  There is an existing court order or pending court case involving child support, child custody, or visitation involving the applicant. If yes, the name and address of the legal counsel of record and each parent involved in the court order or pending court case are as follows; \_\_\_\_\_

I swear and affirm under penalty of perjury under the laws of the State of Texas (Penal Code §37.02) that the information provided in the application for the Address Confidentiality Program and any additional information that I provide is true and correct. I understand that the Texas Attorney General or any agent or representative of the Office has the right to verify the information provided. I understand that if false, misleading or intentionally incomplete information is provided, my application will be denied.

Signature of Applicant OR Parent/Guardian

Date

Print CLEARLY- Name of Agency

Telephone

Print CLEARLY- Type of Agency

Print CLEARLY- Agency E-Mail Address

Signature of Agency Representative

Print CLEARLY - Agency Representative