



The Address Confidentiality Program (ACP) was created by the 2005 legislature under HB 285 and codified under 40-15-115 thru 121, MCA. The ACP is administered by the Montana Attorney General's Office and provides an important service to residents of Montana who are victims of domestic violence, sexual assault or stalking.

The program is designed to provide assistance to qualifying victims wishing to protect their address by providing the victim with a substitute address. The goal of the program is to contribute to a victim's overall safety.

### How does the program work?

The program has two basic parts. First the ACP provides a designated address for victims who have moved to a new Montana location unknown to their abuser. The second part of the program provides participants with a free first-class confidential mail forwarding service.

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## How can I apply?

To apply for the address confidentiality program, an applicant must:

1. Be a resident of the state of Montana;
2. Be a victim of partner family assault, sexual assault, or stalking as defined by 40-15-116, MCA;
3. Complete the Address Confidentiality Program Application and Checklist.

Although any adult can file on his or her own behalf (parents or guardians can make application for minors or incapacitated persons), most come to the program via referral of crime victim advocates. Typically victim or legal advocates are counselors who work in shelters, community service agencies, tribal centers, county prosecutor's offices, or other local programs.

For assistance in completing the ACP Application we suggest that you contact a Crime Victim Advocate. To locate the advocate nearest you go online to <https://dojmt.gov/victims/crime-victim-advocates/> or contact the Montana Coalition Against Domestic and Sexual Violence at (406) 443-7794 or [www.mcadsv.com](http://www.mcadsv.com).

To access the forms page, go to <https://dojmt.gov/victims/forms/>. Under the Domestic Violence section locate the Address Confidentiality Application and the Address Confidentiality Checklist. Both forms need to be downloaded, completed and sent in to the address below.

## For additional information contact:

Office of Consumer Protection and Victim Services  
PO Box 201410

Helena, MT 59620-1410

Phone: (406) 444-3653 or 1-800-498-6455

Fax: (406) 442-2174

Email: [dojovs@mt.gov](mailto:dojovs@mt.gov)

Web: [www.dojmt.gov](http://www.dojmt.gov)