


Safe At Home 
Address Confidentiality Program:
An Added Layer of Protection for
Victims

APPLICANT ASSISTANT TRAINING

Presented by
Vermont Office of the Secretary of State

Welcome!

This training is designed to help you learn more about the Safe at Home Address Confidentiality Program and your role as an applicant assistant.



Overview

- Background of Address Confidentiality Programs
- How Vermont's Program Started
- How the Program Works



Why Are Address Confidentiality Programs (ACP) Important?

- Violence frequently escalates when batterers believe they are losing control of their victims.
- Thus, when victims attempt to flee, they are at greatest risk of serious injury or death.
- Many states allow public access to voter registration and driver license information.
- Batterers often search public records to obtain their victim's physical address in order to stalk them.
- ACP's provide a substitute legal address to prevent perpetrators from tracking down their victims.



Programs Throughout the Country

- There are currently 33 states that have some form of address confidentiality program.
- The first in the country was Washington's in 1991.
- Programs are generally administered by the Office of the Secretary of State or the Attorney General's Office. (Vermont's is administered by the Secretary of State.)
- All of them provide an extra layer of protection for victims.



Differences Among States

- While they are all very similar, each state's program has unique qualities which have been legislated.
 - Some require more documentation than others.
 - Some only provide a voter registration or a motor vehicle registration service.
 - Others provide additional services such as name changes.



Vermont's Program- Beginnings

- Murder
- Advocates
- Model Program



How Vermont's Program Began

- One month after Secretary of State Markowitz took office, in 1999, a woman was murdered in Burlington, VT. The victim's former boyfriend had been released from a Massachusetts jail, tracked her down through public records and killed her.
- Advocates met with the Secretary to see if there was a way that public records could be closed for the protection of victims, acknowledging that open access to public records is a citizen's right and a mission of the office.
- The first state in the country to establish an address confidentiality program was Washington in 1991. Their program was studied.



Task Force Convened

- Prior to proposing and eventually enacting legislation, a task force was convened to determine the viability of a program for the state. Membership consisted of **advocacy** and **law enforcement** organizations:
 - Office of the Secretary of State
 - Vermont Network Against Domestic Violence and Sexual Assault
 - Governor's Commission on Women
 - Vermont State Police
 - Department of Corrections
 - State's Attorneys/Sheriff's Association
 - Legal Aid
 - State Court Administrator's Office
- Members of the task force assisted the Office of the Secretary of State in:
 - Designing the program
 - Drafting legislation
 - Testifying to the legislature regarding the need for the program and demonstrating the extent of collaboration



Timeline

- September 1999 – The statute was drafted by Vermont Legal Aid modeled on the Washington statute with some provisions from Florida and California.
- January and February 2000 – Testimony to House Government Operations Committee
- March 2000 – Bill voted out of committee unanimously – Bill passed the House
- May 2000 – Senate gave final approval to the bill
- July 2000 – Law goes into effect, but implementation is delayed.
 - At issue was clarification on when law enforcement officials could gain access to a participant's address.
 - Vermont Police Officials argued that they may need to get in contact with victims and wanted to be allowed to know where they were living.
 - Others worried about cases where a police officer could be the perpetrator.
- July 2001 – An additional piece of legislation gave law enforcement the right to request a participant's address from the Secretary of State when a legitimate, immediate law enforcement need is demonstrated.
- August 27, 2001 – The first participant is enrolled in the program.
- Today:
 - To date we have had 80 households with 202 participants enrolled in the program.
 - Currently we have 43 households with 100 participants enrolled. Some of those participants have been in the program for more than 7 years.
 - The enrollment generally hovers around 100.





Safe At Home

Vermont's Address Confidentiality
Program

Program Goal

To help victims of domestic violence, sexual assault and/or stalking, who have relocated, or are about to relocate, in their effort to keep their perpetrators from finding them.



Services

- Substitute address with a Mail Forwarding service
- Protected Records service



What the Program is Not

- It is not a witness protection program.
- It does not provide counseling.
- It does not provide legal advice.
- It does not allow participants to escape legal obligations.

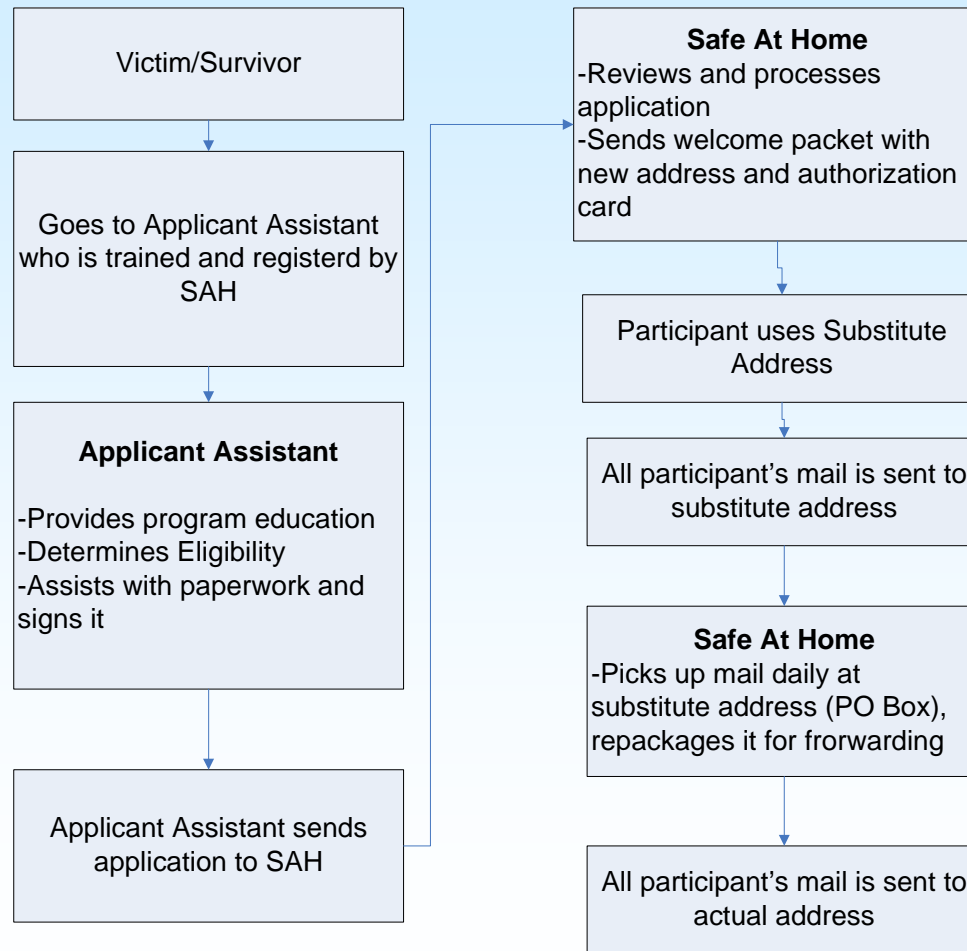


Not a Stand Alone Program

- Safe At Home provides an extra layer of protection to victims/survivors and can be an important part of an **overall safety plan** which is developed with an **Applicant Assistant**.



Program Overview



Application Process

- All applicants must go through an Applicant Assistant to apply for participation in the program; they cannot apply directly to the Secretary of State's office.
- Applicants can call Safe at Home at 1(800)439-8683 or access our website www.sec.state.vt.us/otherprg/safeathome/safeathome.html for a listing of statewide organizations that have Applicant Assistants.



Applicant Assistants

- Applicant Assistants are employees of organizations, generally shelters, that provide counseling and other services to victims of domestic violence, sexual abuse, and stalking. Within these organizations there are specific individuals (YOU!), who are prepared to help victims determine if they qualify and can benefit from the program. If it is a good fit for their situation, you will help them to:
 - Understand the program and help determine if they qualify and can benefit from the program.
 - Integrate the Safe At Home program into an overall safety plan.
 - Assist victims in the application process.
 - Forward the application to the Safe At Home Coordinator.
- Participants must understand that this is only a piece of a safety plan and that Safe at Home used independently cannot keep them safe.



Participant Eligibility Requirements

- Victim
- Resident of Vermont
- Recently relocated
- 18 years of age, etc.



Eligibility

Requirement 1

Victim of domestic violence,
sexual assault and/or stalking
who is in fear for her/his safety

(No documentation is required as proof.
However, by signing the application form,
they are affirming under the penalties of
perjury that the information is true.)



Eligibility

Requirement 2

Resident of Vermont or about to become a resident of Vermont (a Vermont address other than a shelter is required)



Eligibility

Requirement 3

Recently relocated or planning to move soon to a location unknown to the abuser/stalker



Eligibility Requirement 4

At least 18 years old

OR

An emancipated minor

OR

A parent/legal guardian acting on behalf
of a minor or incapacitated person



Other Enrollment Info

- It is most effective if they have not created any government records with their new address.
- They must be willing to **make the Secretary of State his/her agent** to receive legal documents and first class, certified and registered mail; and to accept all mail from Safe at Home.
- They must be able to manage with a 2 to 5 day mail delay
- NOTE: Other household members may be enrolled in the program (Children, spouses, other non-family adults)



Authorization Card

- Participants receive an authorization card upon acceptance into the program.
- It is good for 4 years.
- The card must be presented to an agency when requesting use of the substitute address.
- The participant may be recertified for further participation after 4 years. There is no limit as to how long a participant may be in the program.



Authorization Card

Authorization Code: XX
Expiration Date:



Authorized by:

Deborah L. Markowitz, Secretary of State

**If you have any questions regarding the Safe at Home
Program or the valid use of this card, please call
800-439-8683 (toll free) or 802-828-0586**

This card is not a legal form of identification.



**Vermont Secretary of State
Safe at Home
Address Confidentiality Program**

[://www.sec.state.vt.us/otherprg/safeathome/safeathome.html](http://www.sec.state.vt.us/otherprg/safeathome/safeathome.html)

By law, Act 134 (2000) and Act 28 (2001), state and local agencies must accept and use the following substitute address for all records related to the program participant named below.

FIRST LAST
PO Box 1568 # XXX
Montpelier, Vermont 05601



Participant Responsibilities

- The participant must accept all mail delivered.
- The participant must notify the program of any changes to their name, address or phone number.
- Must present their card when requesting an agency use the substitute address.



Grounds for Cancellation

- Failure to notify the program of a change of address, name or phone number.
- Mail returned to the program as undeliverable.
- Discovery that a participant has falsified any information on the application.



Services

The program, which is provided at no cost to the participant, has two components:

- A **substitute address** with a **mail forwarding service** which allows them to receive mail without the sender knowing their actual location.
- A **protected records service** which allows the participant to use the substitute address when creating records with state or local government agencies. This prevents them from being tracked through public records.



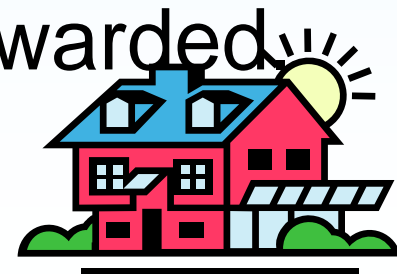
Services: Mail Forwarding Service

- Each participant is granted the use of a Montpelier Post Office Box address rented by the Secretary of State. Household members can also be included as co-applicants.
- All participants statewide have the same P. O. Box, but have an identifying authorization code.
- Generally, mail will be collected by the Coordinator and forwarded to participants within a day or two.



Services: Mail Forwarding Service (cont'd)

- First class mail and service of process (certified and registered mail, etc.) is picked up by staff and then forwarded, at no charge, to the participant's actual address. Junk mail and magazines are not forwarded. Packages are not forwarded and are returned to the sender.
- Mail may be delayed 2 – 5 days since it goes to Montpelier before it is forwarded.



Services: Protected Records Service

- Participants are allowed to use the substitute address when creating records with **state or local government agencies.**
- Participants can also:
 - Vote (as a Blind Ballot Absentee Voter)
 - Obtain a driver's license
 - Get married and
 - Register births

without fear that those records will put them at risk of being located.



Protected Records Service – Agency Responsibilities

- **All state and local agencies** must accept the substitute address for any public record, unless the agency has received prior approval from the Secretary of State for a waiver or statutory exception. (None have to date.)
- Agency employees may **request verification** by asking for the participant's authorization card.
- If agencies have questions about the program, they may call the Safe At Home Program Coordinator, whose number is on the card, for clarification on the program or to confirm participation.
- **Private companies are not required** to accept the substitute address, although participants can ask companies if they are willing to use it.



Protected Records Service – Voting

- Participants may vote as Blind Ballot Voters. This means they are assigned a number and may vote by absentee ballot.
- Their names and addresses do not appear on public voter lists; only their blind ballot number is on the list.
- They register through the Safe at Home Coordinator.
- Their ballot is mailed from their Town Clerk to the Safe at Home PO Box and forwarded to them. They are not allowed to place a vote at their town's public meetings.



Protected Records Service - Motor Vehicle Transactions

- Participant must present their Safe at Home Authorization Card along with another legal form of identification.
- The substitute address is accepted for mailing and residence (legal) address for all transactions and records (registration, title, driver license)
except:
 - Commercial Driver Licenses (CDL) and
 - Enhanced Driver Licenses (EDL). If a participant wants to travel out of the country, they can obtain a passport.



Protected Records Service – Birth Certificates

- Participant must notify physician, midwife or hospital **not later than 24 hours after the birth**, and then the confidential address will not appear on the certificate.
- Certificate is filed with the supervisor of vital records, not the town clerk, within 10 days, without the address.
- Upon expiration, withdrawal or cancellation from the program, the supervisor of vital records enters the actual address and sends the certificate to the town clerk.



Protected Records Service – Marriage License

- Participant must notify the town that the confidential address should not appear on the certificate.
- Town clerk files the certificate with the supervisor of vital records within 10 days without the address and does not retain a copy of the certificate.
- Upon expiration, withdrawal or cancellation from the program, the supervisor of vital records enters the actual address and sends the certificate to the town clerk.



Confidentiality

- The Safe at Home Program will not release the actual address of a participant unless:
 - A judge issues a court order for the program to do so
 - A government agency is granted a waiver
 - A law enforcement agency requests it for law enforcement purposes



Application Process

Determine if your client is qualified for the program:

- Establish their identity by checking one or more forms of identification.
- Are they a victim of domestic violence, sexual assault, or stalking?
- Are they a resident of Vermont?
- Are they currently living at a location unknown to the abuser? If not, are they planning to move in the next few weeks?
- Have they created any state or local government records using their current residence address (driver's license, welfare, SRS, etc.) If so, are they planning to move to a new address soon?
- Are they willing to make the Secretary of State their agent to receive legal documents? This means they must make sure the *Safe At Home* program always knows how to contact them by mail and by phone. It also means they cannot use the program to evade legal responsibilities.
- Can they manage if their first-class mail and state assistance checks are delayed by as much as five days?
- Will the *Safe At Home* program actually help minimize a particular risk or danger?

If they answer "No" to any one of these questions, they should NOT participate in the *Safe At Home* program.




Completing the Paperwork

- **DO NOT SEND THE PAPERWORK HOME WITH THE CLIENT.** It is your responsibility to make sure they understand the program components and limitations. And then you send the paperwork in.
- Request one or more forms of ID so you are satisfied that the person has established his/her identity.
- If the person is a legal guardian acting on behalf of a minor or incapacitated person, he or she must provide official copies of his/her appointment from probate court. (Send this in with application.)
- Explain that:
 - Only state and local agencies are required to accept the substitute address.
 - The substitute address is incomplete without the authorization code number included in it. Without the code, it may be returned to sender.
 - Mail may be delayed 2 to 5 days since it goes to Montpelier before it is forwarded.
 - Participants should ask anyone with whom they correspond to use the substitute address.
 - They must notify the program of any address or phone number changes.




Application Form

(Refer to printed copy while reading instructions which follow)



Vermont Office of the Secretary of State
Safe At Home
Address Confidentiality Program Application



PLEASE PRINT. Mail this original Application, signed and dated, AND
Checklist to: Safe at Home Coordinator, PO Box 1568, Montpelier, VT 05601

SAH Use Only: Filed: / / ACP#					
Circle the name you would like on your mail. If none are circled, mail will be addressed to legal name.					
APPLICANT'S LEGAL NAME (First, Middle, Last): _____	DATE OF BIRTH (mm/dd/yyyy) _____				
APPLICANT'S OTHER NAME(S) (Prior names under which you might receive mail): _____					
NOTE: Co-Applicants over 18 must complete an additional Checklist of Co-Applicant Responsibilities form.					
CO-APPLICANT NAME(S) (First, Middle, Last) (Household Members)	RELATIONSHIP TO APPLICANT				
A. _____	_____				
B. _____	_____				
C. _____	_____				
D. _____	_____				
DATE OF BIRTH (mm/dd/yyyy)					
APPLICANT MAILING ADDRESS (Address where Safe at Home will send your mail (i.e. PO Box, Residence, Work or School))					
Mailing Address _____ Apt# _____					
City/Town _____, VT Zip _____					
*RESIDENCE ADDRESS (Address where Applicant physically lives—cannot be a PO Box) *required information by law*					
Actual Address _____ Apt# _____					
City/Town _____, VT Zip _____					
DAY TELEPHONE	EVENING TELEPHONE				
() ()	() ()				
CELL/MESSAGE					
() ()					
<ul style="list-style-type: none"> • I am a victim of domestic violence, sexual assault or stalking and fear for my safety and/or the safety of my child or individual for whom I am a guardian. • My applicant assistant and I have determined that <i>Safe at Home</i> should be part of my safety plan. • I am a resident of the state of Vermont and have recently relocated to a place unknown to the abuser. • I have received and do understand the "Checklist of Applicant Responsibilities" which is part of this application. • I understand that knowingly providing <i>Safe at Home</i> with false or incorrect information is punishable under Section 2904 of Title 13 and will jeopardize my participation in the program. • I designate the Secretary of State as my agent for purposes of service of process and receipt of first-class, certified or registered mail and that I may not use the <i>Safe at Home</i> program to evade my legal obligations. • I am not knowingly the subject of an active arrest warrant. • I understand that moving from the above residential address or changing my mailing address without first notifying <i>Safe at Home</i> may result in the cancellation of my participation in the program. • I understand that if I am under the supervision of the Department of Corrections, I must notify the department of my actual address and I authorize the Secretary of State to release my actual address to the department. • If I am required to report my actual address for the sex offender registry, I authorize the Secretary of State to release my actual address to the registry. • I affirm under the penalties of perjury that the information on this form is true and accurate. 					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Signature of Applicant or Parent/Guardian _____</td> <td>Date _____</td> </tr> <tr> <td>Signature of Applicant Assistant _____</td> <td>Printed Name of Applicant Assistant _____</td> </tr> </table>		Signature of Applicant or Parent/Guardian _____	Date _____	Signature of Applicant Assistant _____	Printed Name of Applicant Assistant _____
Signature of Applicant or Parent/Guardian _____	Date _____				
Signature of Applicant Assistant _____	Printed Name of Applicant Assistant _____				
Name of Program or Agency of Applicant Assistant _____	Applicant Assistant Phone Number _____				



Filling Out Application Form

Have applicant fill out the application form with you.

- Household members can be included on the application form as co-applicants. Any household member **over the age of 18 must fill out an additional Co-Applicant Checklist of Responsibilities** confirming that they understand the program and they designate the Secretary of State as their agent for service of process (certified mail, etc.) and receipt of first class mail. The original application can be sent in without the co-applicant form so the applicant and any minors can receive their membership cards as soon as possible. The co-applicant over age 18 will not receive their card until their form is completed and sent in.
- Make sure Residence Address (cannot be a shelter) and Mailing Address are completely filled in.
- Be sure to include day and evening telephone numbers.
- By signing the application, the applicant affirms, under the penalties of perjury that:
 - They are a victim of domestic violence, sexual assault or stalking;
 - That all information on form is true and accurate;
 - They are willing to designate the Secretary of State as their agent for service of process and receipt of first class mail;
 - They have read and understand the checklist of responsibilities.
- Make sure they sign the form and you sign the form.



Filling out Applicant Responsibilities Checklist Form

- Carefully discuss each item on the checklist. (See next slide for the content of the form. Or you may want to use a printed version of the form.)
- Check off each item after you discuss it.
- It is important they understand these items fully before they sign the document.
- Have them sign the document.
- You (the Applicant Assistant) also sign the document attesting to the fact that you have explained everything to them.
- Note: The Checklist of Co-Applicant Responsibilities form is different, but very similar to the Applicant version.



Applicant Responsibilities Checklist Form

Vermont Office of the Secretary of State
Safe At Home
Address Confidentiality Program

CHECKLIST OF APPLICANT RESPONSIBILITIES (Put a checkmark next to each line after reading it. Submit this form with the application.)

- Safe At Home* is a mail forwarding service. By participating in the program, my mail will first go to *Safe At Home* who will then forward it to me. This means it will take longer (2 to 5 days) for me to receive my mail.
- I understand the **authorization code** is an important part of my address. I will instruct all senders to use it. Absence of this number will delay or hinder *Safe At Home*'s ability to forward my mail.
- I understand *Safe At Home* will not forward magazines, catalogues, packages, junk mail or any mail that is not first class.
- It is my responsibility to let state and local government employees know that I am a *Safe At Home* participant and that I want to use the substitute address. I must initiate the request to use the substitute address each time I create or update a government record by showing the authorization card. I may not demand the use of *Safe At Home* services unless I produce the authorization card;
- If I give a government agency my actual address, that agency is under no obligation to keep my information confidential;
- I realize that private companies (telephone, heating, credit reporting, insurance) or the Federal government don't have to accept the substitute address, but many businesses are willing to do so;
- I understand that my participation in the program is not confidential. If asked, the program will verify my participation in the program, but not my address;
- Safe At Home* may release my actual address if a judge issues a court order for the program to do so, or if a government agency is granted a waiver, or if a law enforcement agency requests it for a law enforcement purpose (see rules for details).
- Safe At Home* will not forward mail to me if it is addressed to a name other than the name on the application. If I change my name, I must notify the program within 14 days or I will be cancelled. I may then reapply to the program using the new name. I realize that applying under a name other than my legal name could result in denial of *Safe At Home* privileges at certain agencies if a legal name is required to access those agencies' services;
- I understand that I share the same *Safe At Home* post office box with all the other program participants. **Therefore, anytime I move I will contact the program and will NOT file a change of address form with the U.S. Postal Service;**
- I understand that I may register to vote as a "blind ballot" absentee voter by applying to the *Safe At Home* program which will protect my name and address. If I move to a new district or out-of-state, my name will be removed from the voter checklist and it will be my responsibility to re-register. I may also request that marriage licenses, birth certificates and other public vital records use the substitute address while I'm a program participant by initiating the request to the individual creating the record.

Signature of Applicant: _____ Date: _____

I have established the identity of and helped the above applicant develop a safety plan that we believe should include the Safe At Home program.

Signature of Applicant Assistant: _____ Date: _____



Mailing the Forms In

Do not keep copies of the forms.

- The Applicant Assistant should mail forms to the Safe at Home Program Coordinator, PO Box 1568, Montpelier, VT 05601.
- A welcome packet with authorization cards will be sent to the applicant within 5 business days.
- The co-applicant over age 18 forms can be taken home and mailed in separately. Those authorization cards will be sent when the forms are received.



For More Information

- Vermont's Safe At Home Website:
<http://www.sec.state.vt.us/otherprg/safeathome/safeathome.html>
- Program Coordinator:
Linda Hall
Office of the Secretary of State
26 Terrace Street
Montpelier, VT 05609
(802)828-0586
lhall@sec.state.vt.us



Thank You!

- THANK YOU FOR BEING A PART OF THIS PROGRAM AND PROVIDING A VALUABLE SERVICE TO VERMONT VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING.

