



Texas Address Confidentiality Program Application

If you require additional space on any application section, please attach a separate sheet of paper including all required information.

APPLICANT INFORMATION			
Application Type:	New	Reinstatement	Renewal
Applicant's Legal Last Name:	First Name:	Middle Name:	
Address Applicant Wishes to Receive Mail (Residential, Business, School):			
City:	State:	Zip:	
County:	Date of Birth:	Gender: Male Female	
Home Phone (Including Area Code):	Work Phone (Including Area Code):	Cell/Message/Other:	
OTHER HOUSEHOLD MEMBER(S) IF PARTICIPATION IS DESIRED			
(1) Household Member Last Name:	First Name:	Middle Name:	
Relationship to Applicant:	Date of Birth:	Gender: Male Female	
(2) Household Member Last Name:	First Name:	Middle Name:	
Relationship to Applicant:	Date of Birth:	Gender: Male Female	
(3) Household Member Last Name:	First Name:	Middle Name:	
Relationship to Applicant:	Date of Birth:	Gender: Male Female	
(4) Household Member Last Name:	First Name:	Middle Name:	
Relationship to Applicant:	Date of Birth:	Gender: Male Female	

ADDITIONAL INFORMATION			
Applicant has participated in other address confidentiality programs before?	Yes	No	If yes, what state? Date:
This is for a victim of:	Family Violence	Human Trafficking	Stalking
	Sexual Assault	Child Abduction	
Is there an existing court order or pending court case involving child support, child custody, or visitation involving the applicant?		Yes	No
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:			
ADVOCATE INFORMATION			
Advocate's Last Name:	First Name:	Phone Number:	
E-Mail:	Advocate Agency:	Type of Agency:	
Advocate's Signature:		Date:	
AFFIRMATION			
I fear for my safety because of a threat of immediate or future harm caused by a person who committed, or is alleged to have committed, family violence, sexual assault, stalking, or human trafficking.			
I have discussed safety planning with a victim's assistance counselor.			
I hereby designate the Office of the Attorney General (OAG) as the agent for service of process and receipt of mail for me and any of the household members listed in this application.			
I affirm that the information provided in this application for the Address Confidentiality Program and any additional information that I provide is true and correct. I understand that the OAG or any agent or representative of the OAG has the right to verify the information provided. I agree that if false, misleading or intentionally incomplete information is provided, my application will be denied.			
Signature of Applicant OR Parent/Guardian:			Date:



POST OFFICE BOX 12199 AUSTIN, TEXAS 78711-2199 TEL 1-888-832-2322

<https://www.texasattorneygeneral.gov/crime-victims/services-crime-victims/address-confidentiality-program>