

This form recertifies the applicant's participation in the Pennsylvania Address Confidentiality Program.

Return forms to: PO Box 2465 | Harrisburg, PA 17105 or RA-PMOVA-ACPprogram@pa.gov

## Mailing Information

<b>Applicant Name</b> (First, Middle, Last)		<b>Date of Birth</b> (mm/dd/yyyy)	
<b>Children in Home- 17 &amp; under</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Relationship to Applicant</b>	
A.			
B.			
C.			
D.			
E.			
<b>Residential Address</b> (street address where applicant physically resides is required to participate)			
			<b>Apt #</b>
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Safe Alternate Phone</b>	<b>Best Time to Call</b>
<b>Ok to leave message on Home Phone?</b> Yes No		<b>Ok to leave message on Cell Phone?</b> Yes No	
<b>Would you prefer that we contact you by email?</b> Yes No		<b>Email Address</b>	

## Criminal or Civil Proceedings

<b>1A. Are you involved in any <i>pending</i> civil or criminal proceedings*? Yes No</b> <i>*includes PFA, custody, family court, domestic relations, etc.</i>				
<b>1B. If yes, please list <i>all</i> proceedings below. Offender's Name:</b>				
<b>Case Number</b>	<b>Civil or Criminal</b> (write one)	<b>State or Federal</b> (list the state, if applicable)	<b>Court/County Where Case is Pending</b>	<b>Are you</b> (write one) <b>Victim, Witness, Plaintiff, Defendant?</b>
A.				
B.				
C.				
<b>2A. Are you currently under parole or probation supervision? Yes No</b>				
<b>2B. If yes, what supervision are you currently under? Federal State County</b>				
<b>2C. List county or state of supervision</b>				
<b>2D. Name of Agent/Officer</b>			<b>Phone Number</b>	

## Security Set Up

**The below security questions will be used to verify your identity when you interact with ACP staff members.**

1. What was the last name of your childhood best friend? \_\_\_\_\_

2. What was your childhood nickname? \_\_\_\_\_

3. Please create an OVA code word: \_\_\_\_\_

Check here if alternate security questions are needed. An ACP staff member will contact you.

## Affirmations

**As part of the recertification process, please affirm the following.**

I am the (check one)

\_\_\_\_ Primary Participant

\_\_\_\_ Adult Member of the Same Household

\_\_\_\_ Adult Previously Registered as a Minor

I understand that I will only receive first class, registered and certified mail. The ACP does not forward magazines, packages or junk mail.

I certify and declare that this document and any attachments contain no misrepresentation or falsification, omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief.

I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 PA. C.S.A. §4904.

I hereby designate the Office of Victim Advocate as my agent for service of process and receipt of mail pursuant to 23 Pa. C. S. A. § 6701 et seq.

I understand that moving from the residential address given on this application, or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP.

**Signature** \_\_\_\_\_/s/ **Date** \_\_\_\_\_