



Safe at Home

Wisconsin Address Confidentiality Program



Application Instructions

- Complete this application AFTER meeting with a Safe at Home designated Application Assistant to create a safety plan. If you need information about how to find a designated Application Assistant, please call Safe at Home at 1-800-446-6564 or email: Safeathome@doj.state.wi.us
- Complete your application as clearly and thoroughly as possible. The more information you provide, the better we can protect your actual address.

Eligibility Requirements

1. Applicant must be a Wisconsin resident.
2. Applicant must be a victim of an act or threat of abuse, a parent or guardian of a person who is a victim of an act or threat of abuse, or a resident of a household in which a victim of an act or threat of abuse also resides; or the applicant must fear for his or her physical safety or for the physical safety of his or her child or ward. "Abuse" means domestic abuse, child abuse, sexual abuse, stalking, and/or trafficking.
3. The applicant resides or will reside at a location in Wisconsin that is not known by the person who committed the abuse against, or who threatens the applicant or his or her child or ward.
4. The applicant may not disclose his or her actual residential, work, or school address to the person who committed the abuse against, or who threatens the applicant or his or her child or ward.

An applicant may be eligible regardless of whether any criminal charges have been brought, whether the applicant has sought a restraining order, or whether the applicant has reported any act or threat to law enforcement.

Section 1

- Section 1 should be completed by the primary adult applicant. If you are completing the application on behalf of your child(ren) or ward(s), please put yourself as the primary applicant and list your children or wards at the end of Section 1.
- All adult applicants should complete their own Safe at Home application, regardless of whether or not they reside with other adult applicants.
- You may choose to use your Safe at Home assigned address in place of a work or school address.
- All minor children and wards residing in the home of the primary adult applicant should be listed at the end of Section 1 to ensure that they are properly authorized to use the Safe at Home address to receive mail.

Section 2

- Section 2 requests information about the DOJ designated Application Assistant with whom you worked to create your safety plan.
- In very limited situations, state or local government agencies or law enforcement may request information about participants. Safe at Home asks that you provide complete information about the abuser or person you fear so that we may be diligent in protecting your information from that person.

Section 3

- Section 3 is optional, but providing the information requested in this section will allow Safe at Home staff to provide additional safety planning resources specifically tailored to your needs.
- If you plan to move shortly after submitting this application, write your new address and the date that it will be effective on a piece of paper and submit it along with this application.



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Application



Section 1: Applicant Information

The primary reason I am enrolling in Safe at Home (*check one*):

<input type="checkbox"/> I am a victim of an act or threat of abuse. ("Abuse" is defined as child abuse, domestic abuse, sexual abuse, stalking, and trafficking.)
<input type="checkbox"/> I'm a parent or guardian of a person who is a victim of an act or threat of abuse.
<input type="checkbox"/> I reside with someone who is a victim of an act or threat of abuse.
<input type="checkbox"/> I fear for my physical safety or the physical safety of my child or ward.

My legal name is:

First	Middle	Last
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I may also receive mail under the following name (*e.g. maiden name*):

First	Middle	Last
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My date of birth:

Month	Date	Year
___/	___/	_____

My actual residential address is:

Street Address	Apartment or Unit #	County
City	State WI	Zip Code

There are other adults that receive mail at this address:

<input type="checkbox"/> Yes <input type="checkbox"/> No
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I also plan to use my Safe at Home assigned address in place of a (*check all that apply*):

<input type="checkbox"/> School Address <input type="checkbox"/> Work Address

I may be contacted at:

Home Telephone # ()	Mobile Telephone # ()	Email Address
Is it okay to leave a message concerning your participation in Safe at Home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
My preferred contact method is:	<input type="checkbox"/> Home Telephone <input type="checkbox"/> Mobile Telephone <input type="checkbox"/> Email	

I am applying on behalf of the following minor children or wards:

<i>Minor Child or Ward's Legal Name (First, Middle, Last):</i>	<i>Relationship to Applicant:</i>

Section 2: Additional Information

The Safe at Home designated Application Assistant that assisted me with safety planning is:

<i>Name</i>	<i>Agency</i>
<i>Telephone # ()</i>	<i>Email Address</i>

Application type (check one):

<input type="checkbox"/> This is my first time applying to Safe At Home in Wisconsin.	<input type="checkbox"/> I previously participated in an address confidentiality program in another state. State: _____	<input type="checkbox"/> I was previously a Safe At Home participant in Wisconsin and I am re-applying. My ID # was: _____
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I learned about Safe at Home from (check all that apply):

<input type="checkbox"/> A Victim Advocate	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Court or Judge	<input type="checkbox"/> Internet
<input type="checkbox"/> Victim/Witness	<input type="checkbox"/> Attorney	<input type="checkbox"/> Family member / Friend	<input type="checkbox"/> Other: _____

This is the full name of the person(s) I fear:

<i>Name</i>	<input type="checkbox"/> <i>This person works for a state or local government agency, or law enforcement agency.</i>	<i>Name of the state or local government agency, or law enforcement agency.</i>
<i>Name</i>	<input type="checkbox"/> <i>This person works for a state or local government agency, or law enforcement agency.</i>	<i>Name of the state or local government agency, or law enforcement agency.</i>

Section 3: Optional Information

Do you have motor vehicles that need to be registered in Wisconsin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have school-age children that will need to enroll in or transfer schools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to register to vote with your Safe at Home assigned address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own your home or plan to purchase a home in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Applicant Affirmation & Authorization

I solemnly swear or affirm that (check all that apply):

- I am a victim, or parent or guardian of a victim, of an act or threat of child abuse, domestic abuse, sexual abuse, stalking, or trafficking, or a resident of a household in which the victim also resides;
- I am a person who fears for his or her physical safety or the physical safety of his or her child or ward;

AND,

- I am a resident of Wisconsin;
- I reside, or will reside, at a location in Wisconsin that is not known by the person who committed the abuse against or threatens me or my child/ward;
- I will not disclose my actual address (residential street address, school address, or work address) to the person who committed the abuse against or who threatens me or my child/ward;
- I developed a safety plan with a Department of Justice designated Application Assistant;
- To the best of my knowledge, all of the information I provided on this application is true and accurate.

I consent to (check all):

- Safe at Home notifying me if my participation will expire or if I become disenrolled for failure to update my name or actual address.
- The Department of Justice being designated as my legal agent for service of process and receipt of mail and authorize the Department of Justice to act on my behalf or in my place for the purpose of receiving mail and service of process.

I understand that (check all):

- Enrollment in Safe at Home is 5 years, unless I voluntarily cancel my enrollment or become disenrolled.
- I must notify Safe at Home if and when I change my actual address or legal name and that failure to do so may result in my disenrollment from Safe at Home.
- I may voluntarily cancel my enrollment at any time by submitting written notice to Safe at Home.
- If I receive notification from Safe at Home that I was disenrolled, I may update my information and/or reenroll in Safe at Home within 6 months from the date that Safe at Home provided notice of disenrollment.
- Upon unenrollment or disenrollment from Safe at Home, Safe at Home will no longer forward my mail and it will be returned to sender.
- I must personally update my address with all third parties after I unenroll from Safe at Home. I acknowledge that the US Postal Service cannot accept a change of address form or mail forwarding form from someone ending their participation in Safe at Home.
- Delivery of my mail being delayed due to participation in Safe at Home, including delivery of time sensitive materials and medications.
- Packages, parcels, and periodicals (magazines) and catalogues will not be forwarded to me UNLESS they are sent by state or local agency or unit of government or are clearly identifiable as containing a pharmaceutical or medical item.
- Safe at Home may notify state or local agencies and units of government that I am enrolled as a participant in Safe at Home when required by law to do so.
- The Department of Justice may disclose my actual address to law enforcement for official purposes or pursuant to a court order.

Signature of Applicant

Date

RETURN COMPLETED APPLICATION BY MAIL TO:

**Safe at Home
Wisconsin Department of Justice
P.O. Box 7035
Madison, WI 53707-7035**