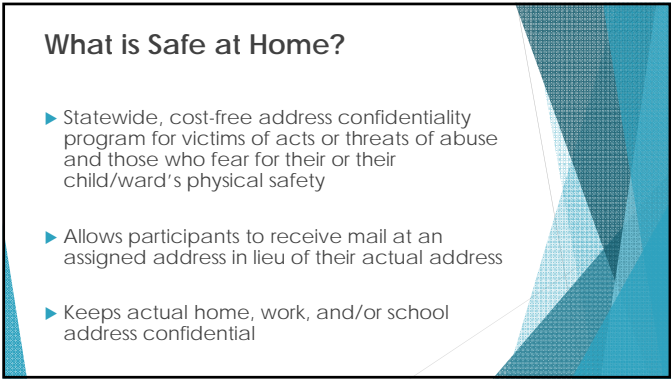
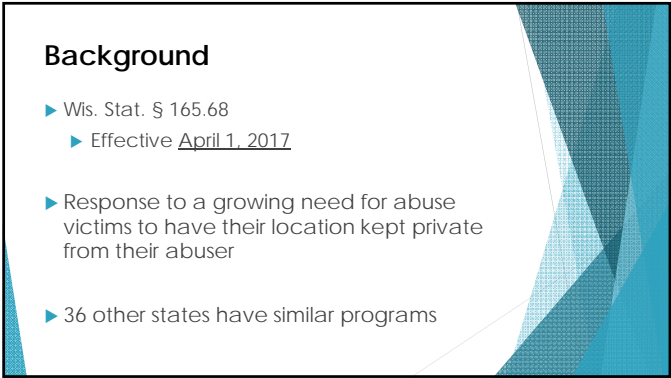


Safe at Home – WI Address Confidentiality Program Resources

Wednesday, August 16, 2017
2:00 PM – 3:15 PM







4 Eligibility Requirements:

- ▶ Resident of Wisconsin.
- ▶ Resides at a location that is not known by the abuser or person who threatens them or their child.
- ▶ They will not disclose their actual address to the person who committed the abuse against, or who threatens, the applicant or his or her child.

4 Eligibility Requirements (continued):

- ▶ They are one of the following:
 - ▶ A victim of an act or threat of abuse,
 - ▶ A parent or guardian of a victim of an act or threat of abuse,
 - ▶ A resident of a household in which a victim of an act or threat of abuse also resides.
 - ▶ A person who fears for their physical safety or for the physical safety of their child.

ABUSE:
Domestic Abuse
Child Abuse
Sexual Abuse
Stalking
Trafficking

NOT Required:

-  Criminal charges
-  Restraining order
-  Report to law enforcement
-  Social Security Number

Mandatory Safety Planning

- ▶ Participants must create a safety planning with a DOJ designated Application Assistant
- ▶ Application Assistants are community-based victim advocates
- ▶ Safe at Home provides training webinar for advocates and maintains list of designated Application Assistants

Who is already designated as an Application Assistant?

The Application Process

- ▶ Timing of application
 - ▶ Not required to move in order to be eligible
 - ▶ Best to apply right before moving to a new location
- ▶ Completeness of Application
 - ▶ Everyone in the household >18 years must submit their own application
 - ▶ All information requested on the form is necessary
 - ▶ Actual address is required, but mail may be sent to a P.O Box upon request
 - ▶ Application must be signed and dated
- ▶ Processing
 - ▶ Safest way to submit the application is by mail
 - ▶ 1-2 business days for application to be reviewed & approved

Authorization Card

- ▶ Every participant is issued an authorization card
 - ▶ Name
 - ▶ assigned address
 - ▶ enrollment expiration date
 - ▶ Legal authority



Importance of the Authorization Card

- ▶ Verification that this is participant's legal address.
- ▶ Safe at Home can confirm participation upon request from any state or local government agency.
- ▶ **Notice to others that they need to follow the law & keep the actual address confidential.**

Mail Forwarding

- ▶ All participants share the same assigned address
- ▶ Routes all mail to Safe at Home
- ▶ Sorted by household using a uniquely assigned number
- ▶ Forwarded to participant's actual address within 1-2 business days
- ▶ "Safe Name" labels okay
- ▶ Adds 4-7 days onto mail delivery

Mail

- ▶ Includes:
 - ▶ First class letters and flats delivered by USPS
 - ▶ Priority, express and certified mail
- ▶ Does NOT include:
 - ▶ packages, parcels, periodicals or catalogues
 - ▶ unless clearly marked from state or local agency/unit of govt., or clearly containing a pharmaceutical or medical item
 - ▶ Items not sent by USPS



Length of Enrollment

- ▶ 5 years
- ▶ May renew enrollment after the end of this term
- ▶ Participants may also voluntarily withdraw from Safe at Home at any time
- ▶ May be disenrolled for failure to notify the program of any change in actual address or legal name

Use of Assigned Address

- ▶ Public & Private
- ▶ Individuals and private entities may not refuse to use an assigned address
- ▶ State or local agencies or units of government may not refuse to use an assigned address
 - ▶ unless a specific statutory duty requires the agency or unit of government to use the participant's actual address.
- ▶ Federal law may apply.

Address Confidentiality

- ▶ No person who has received notification from a program participant (authorization card) may intentionally disclose to another person the actual address of a program participant.
 - ▶ See Wis. Stat. § 165.68 (5)(c)

Address Confidentiality


- ▶ If a Safe at Home participant submits a written request to a local clerk that he or she keep the participant's actual address private, the local clerk may not disclose any record in his or her possession which would reveal the Safe at Home participant's actual address, except pursuant to a court order.
 - ▶ See Wis. Stat. § 66.0504(2)
 - ▶ Clerk of Courts, Municipal Clerk, Registers of Deeds, Treasurers

Address Confidentiality

- ▶ The right to inspect or copy information in a public record does not apply to the actual address of a Safe at Home participant.
 - ▶ See Wis. Stat. § 19.35(1)(am)(2m)


Disclosure of Actual Address

- ▶ Very few instances where disclosure of an actual address may be required:
 - ▶ Voter registration - Participant may protect their actual address by registering to vote as a confidential elector.
 - ▶ Federal law requires actual address – rare; mostly just looking for a street address, not P.O. Box.
 - ▶ Court order – Safe at Home must disclose an actual address if ordered by the court. Safe at Home will request that this record be sealed.
 - ▶ Law enforcement - Safe at Home may disclose an actual address to law enforcement for official purposes.




DMV Records & ID Cards

- ▶ The Safe at Home assigned address can be used on a driver's license or state-issued identification card.
- ▶ DMV Needs:
 - ▶ "Vehicle Kept In" (VKI) information only.
 - ▶ Information is needed to accurately apply county and municipality taxes and comply with emissions requirements only.
 - ▶ DMV database protects the VKI information from disclosure.
 - ▶ Once enrolled, Safe at Home requests vehicle information from the participant.




Voting

- ▶ One of the few instances where an ACTUAL ADDRESS must be used.
- ▶ Confidential Elector
 - ▶ Notarized affidavit provided by Safe at Home to the participant
 - ▶ Participant personally files affidavit with their local clerk
 - ▶ Provided with a "Confidential Elector Card" to be presented at the polls.
 - ▶ Do not need to disclose address at the polls or show ID.
- ▶ Jury Duty
 - ▶ NOT pulled from voter records!



Law Enforcement & Service of Process

- ▶ Interaction with law enforcement
 - ▶ Cooperate and tell them you are enrolled in Safe at Home.
 - ▶ Show them your authorization card and ID, if asked.
 - ▶ LE may contact Safe at Home directly with any questions about the program or how to document the address in a report.
- ▶ Service of Process
 - ▶ DOJ is the designated agent for service of process.
 - ▶ Legal paperwork served at the Office of the Attorney General in the State Capitol building.



Schools

- ▶ Work with the school district during the safety planning process.
- ▶ If other parent is the abuser, they may legally have access to records that the school retains.
- ▶ Transfer of student records facilitated through Safe at Home.



Questions?



SAFE AT HOME
WISCONSIN ADDRESS CONFIDENTIALITY PROGRAM

Contact Information:

Erin Welsh, Director
Ph. (608) 266-6613

Email: welsheb@doj.state.wi.us
safeathome@doj.state.wi.us

Website: www.SafeAtHomeWI.gov

(3) **AUTHORIZATION BY A POLITICAL SUBDIVISION TO OPERATE A DRUG DISPOSAL PROGRAM.** A political subdivision may operate or the governing body of a political subdivision may grant written authorization for a person to operate a drug disposal program only if all of the following apply:

(a) The political subdivision or the authorized person operates the drug disposal program only within the boundaries of the political subdivision, except as provided under sub. (4).

(b) The applicable requirements under sub. (5) are satisfied.

(c) The drug disposal program receives household pharmaceutical items only by means of delivery in person by a person that lawfully possesses the household pharmaceutical item, unless the drug disposal program is authorized under federal law to receive household pharmaceutical items by other means.

(4) **MULTIJURISDICTIONAL DRUG DISPOSAL PROGRAM.** A drug disposal program may operate within more than one political subdivision if the department of justice authorizes that program under sub. (2), all political subdivisions within which the drug disposal program operates authorize that program under sub. (3), or the program is authorized under federal law.

(5) **OPERATION OF A DRUG DISPOSAL PROGRAM.** (a) A person that operates a drug disposal program, except a drug disposal program that is authorized under federal law, shall establish and promptly update as appropriate written policies and procedures that do all of the following:

1. Describe in detail the manner in which the program operates, including an identification of the kinds of household pharmaceutical items that may be received under the program, whether the program may receive controlled substances and controlled substance analogs, whether household pharmaceutical items will be transferred by mail under the program, and the locations at which household pharmaceutical items may be transferred in person under the program.

2. List the name, address, telephone number, and 24-hour contact information for one or more persons in this state who are responsible for the operation of the program.

3. Ensure compliance with chs. 450 and 961; with any applicable provision under chs. 287, 289, and 291 and s. 299.51 relating to medical waste, solid waste, or hazardous waste; and with any other applicable federal or state law.

(b) 1. The policies and procedures for a drug disposal program authorized under sub. (2) and any changes to those policies and procedures are subject to review and approval under sub. (2) (b) 1.

2. Legal counsel for the political subdivision, or, at the discretion of the political subdivision, the department of justice if the political subdivision's legal counsel is not an employee of the political subdivision, shall review and either approve or disapprove the policies and procedures for a drug disposal program implemented or authorized under sub. (3) and any changes to those policies and procedures. Legal counsel, or the department of justice if appropriate, shall approve the policies and procedures or changes if it determines that the policies and procedures or changes do not violate the requirements of this section or any other applicable federal or state law, and shall disapprove them otherwise. Any approval under this subdivision shall be in writing. The political subdivision shall provide a copy of the approval and a copy of the policies and procedures or changes to the policies and procedures to the department of justice.

(c) The operation of a drug disposal program, including a drug disposal program that is authorized under federal law, shall immediately cease if a law enforcement officer, as defined in s. 165.85 (2) (c), a federal law enforcement officer, as defined in s. 175.40 (7) (a) 1., the department of justice, or another federal or state agency notifies a designated contact person for the program that the program is in violation of any federal or state law enforceable by the officer, department of justice, or other agency. That notification is not subject to judicial review. The program may resume

operation only upon the program's receipt of written notice from the officer, department of justice, or other agency that the program is no longer in violation of the federal or state law.

(d) Each person that operates a drug disposal program in this state shall, within 30 days after the drug disposal program begins operation, notify and provide all of the following information to the department of natural resources:

1. The location and hours of operation of the drug disposal program.

2. The name, address, telephone number, and 24-hour contact information for one or more persons in this state who are responsible for the operation of the program.

3. A description of the household pharmaceutical items the drug disposal program may receive.

(6) **TRANSFER AND RECEIPT OF HOUSEHOLD PHARMACEUTICAL ITEMS.** (a) Notwithstanding ss. 450.03 (1) and 450.11 (7) (g) and (h) and (9) (b), a person that lawfully possesses a household pharmaceutical item may transfer, and it is not a crime for such a person to transfer, the household pharmaceutical item to a drug disposal program if the program is authorized under sub. (2) or (3) or is authorized under federal law.

(b) Notwithstanding s. 450.11 (7) (g) and (h) and (9) (b), a person may receive, and it is not a crime for a person to possess, a household pharmaceutical item pursuant to a drug disposal program if the receipt or possession is within the scope of the program and the program is authorized under sub. (2) or (3) or is authorized under federal law or, if the receipt or possession is not within the scope of the program, the receipt or possession is inadvertent and the program promptly notifies an appropriate law enforcement officer of the receipt or possession and complies with any instructions the law enforcement officer provides.

History: 2013 a. 198.

165.68 Address confidentiality program. (1) DEFINITIONS. In this section:

(a) "Abuse" means an act or threat of any of the following:

1. Child abuse under ss. 813.122 (1) (a) or 948.02 to 948.11.
2. Domestic abuse, as defined in s. 813.12 (1) (am).
3. Sexual abuse, as defined in s. 103.10 (1m) (b) 6.
4. Stalking under s. 940.32.
5. Trafficking under s. 940.302.

(b) "Actual address" means the residential street address, school address, or work address of a program participant.

(c) "Assigned address" means an address designated by the department and assigned to a program participant.

(d) "Department" means the department of justice.

(e) "Mail" means first class letters and flats delivered by the United States Postal Service, including priority, express, and certified mail. "Mail" does not include a package, parcel, periodical, or catalogue unless it is clearly identifiable as being sent by a state or local agency or unit of government or is clearly identifiable as containing a pharmaceutical or medical item.

(f) "Program assistant" means an individual designated by the department to assist a program participant. The department may designate as a program assistant an employee of the department or of a state or local agency that provides counseling, assistance, or support services to victims, or an employee of or a volunteer for an organization that provides counseling, assistance, or support services free of charge to victims.

(g) "Program participant" means a person who is certified by the department to participate in the confidentiality program established in this section.

(2) **ELIGIBILITY.** (a) A person is eligible for participation in the confidentiality program established in this section if he or she attests all of the following:

1. That he or she is a resident of this state.
2. That at least one of the following applies:

a. He or she is a victim of abuse, a parent or guardian of a person who is a victim of abuse, or a resident of a household in which a victim of abuse also resides.

b. He or she fears for his or her physical safety or for the physical safety of his or her child or ward.

3. That he or she resides or will reside at a location in this state 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. That he or she will not disclose his or her actual address to the person who committed the abuse against, or who threatens, the applicant or his or her child or ward.

(b) A person is eligible under par. (a) regardless of whether any criminal charges have been brought relating to any act or threat against the person, whether the person has sought any restraining order or injunction relating to any act or threat against the person, or whether the person has reported any act or threat against him or her to a law enforcement officer or agency.

(3) ADMINISTRATION; APPLICATION. (a) The department shall provide an application form for participation in the confidentiality program established in this section. The department may not charge a fee for applying to, or participating in, the program.

(b) The application form shall include all of the following:

1. The applicant's name.

2. The applicant's actual address.

3. A place for the applicant to identify any state or local government agency that employs a person who committed an act of abuse against the applicant.

4. A statement certifying that the applicant understands and consents to all of the following program requirements:

a. A program participant remains enrolled in the program for 5 years, unless he or she cancels his or her participation under subd. 4. f. or is disenrolled under subd. 4. b.

b. A program participant is required to notify the department when he or she changes his or her actual address or legal name, and failure to update the information may result in the department disenrolling the applicant as a program participant.

c. A program participant is required to develop a safety plan with a program assistant.

d. A program participant authorizes the department to notify state or local agencies and units of government that the applicant is a program participant.

e. The department will notify a program participant if his or her participation will expire or if the department will disenroll the participant under subd. 4. b. A program participant who receives a notification under this subd. 4. e. may update his or her information or may reenroll in the program within 6 months from the date the department issues the notification.

f. A program participant may cancel his or her participation in the program at any time by submitting a written notice to the department.

g. A program participant certifies the department to be the program participant's designated agent for service of process.

(4) USE OF ASSIGNED ADDRESS; RELEASE OF INFORMATION. (a) The department shall provide to each person it approves as a program participant an assigned address and shall provide each program participant a notification form for use under sub. (5).

(b) The department shall forward all mail it receives at the assigned address for each program participant to the program participant's actual address.

(c) The department shall provide, at the request of a program participant or at the request of a state or local agency or unit of government, confirmation of the person's status as a program participant.

(d) 1. Except as provided under subd. 2., the department may not disclose a program participant's actual address to any person except pursuant to a court order. If a court order is requested for disclosure, the department shall request the court to keep any

record containing the program participant's actual address sealed and confidential.

2. The department may disclose a program participant's actual address to a law enforcement officer for official purposes.

(5) USE OF ASSIGNED ADDRESS; CONFIDENTIALITY. (a) A program participant may use the assigned address provided to him or her under sub. (4) for all purposes.

(b) No state or local agency or unit of government may refuse to use a program participant's assigned address for any official business, unless a specific statutory duty requires the agency or unit of government to use the participant's actual address. A state or local agency or unit of government may confirm with the department a person's status as a program participant.

(c) No person who has received a notification form from a program participant may refuse to use the assigned address for the program participant, may require a program participant to disclose his or her actual address, or may intentionally disclose to another person the actual address of a program participant.

(d) Notwithstanding pars. (a), (b), and (c), a municipal clerk may require a program participant to provide his or her actual address for voter registration and voter verification purposes. A municipal clerk shall also require a program participant to disclose his or her actual address to enroll a program participant in the confidential voter program provided under s. 6.47. If a voter is enrolled in the confidential voter program under s. 6.47 the municipal clerk shall keep the program participant's actual address confidential as provided under s. 6.47.

(6) RULES. The department shall promulgate rules regarding administration of the program established under this section and regarding the retention and destruction of applications, records, and other documents received or generated under this section. The department may use the emergency rule procedures under s. 227.24 to promulgate the rules required under this subsection. Notwithstanding s. 227.24 (1) (a) and (3), the department may promulgate those rules as emergency rules without providing evidence that promulgating those rules as emergency rules is necessary to preserve the public peace, health, safety, or welfare and without a finding of emergency. Notwithstanding s. 227.24 (1) (e) 1d. and 1g., the department is not required to prepare a statement of the scope of those rules or to submit those rules in final draft form to the governor for approval.

History: 2015 a. 356; s. 35.17 correction in (3) (a).

165.70 Investigation of statewide crime. (1) The department of justice shall do all of the following:

(a) Investigate crime that is statewide in nature, importance or influence.

(b) Except as provided in sub. (1m), enforce chs. 945 and 961 and ss. 940.20 (3), 940.201, 941.25, 941.26, 943.01 (2) (c), 943.011, 943.27, 943.28, 943.30, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 946.65, 947.02 (3) and (4), 948.075, and 948.08.

(d) Enforce and administer s. 165.55.

(e) Investigate violations of ch. 563 that are statewide in nature, importance or influence.

(1m) The department may not investigate violations of or otherwise enforce s. 945.03 (2m) or 945.04 (2m).

(2) The attorney general shall appoint, under the classified service, investigative personnel to achieve the purposes set out in sub. (1) who shall have the powers of a peace officer. As many as are deemed necessary of the investigators so appointed shall be trained in drugs and narcotics law enforcement, or shall receive such training within one year of their appointment, and they shall assist, when appropriate, local law enforcement agencies to help them meet their responsibilities in this area.

(3) It is the intention of this section to give the attorney general responsibility for devising programs to control crime statewide in nature, importance or influence, drugs and narcotics abuse, commercial gambling other than what is described in s. 945.03 (2m) or 945.04 (2m), prostitution, and arson. Nothing herein shall



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.



Safe at Home

Wisconsin Address Confidentiality Program

Application



Section 1: Applicant Information

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

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

My legal name is:

First	Middle	Last
-------	--------	------

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

First	Middle	Last
-------	--------	------

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
--

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</i> (First, Middle, Last):	<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: _____
---	--	---

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