THE LONGMONT LAW FIRM, LLC

Charles E. Liken Jr., Esq. · (303) 406-2791 · charles@longmont.law · longmont.law

Address Confidentiality Program (ACP) — Applicant Intake & Referral Worksheet

A preparation worksheet to bring to a certified ACP Application Assistant. This is NOT the official state application — the ACP application is submitted for you by a certified Application Assistant at a victim-services program. Colorado ACP: dcs.colorado.gov/acp · 303-866-2208 · acp@state.co.us

---

1. Your information

Full legal name

_____

Date of birth

_____

Phone (safe number to reach you) *a number the other party does not have, if possible*

_____

Email (safe)

_____

2. Eligibility — which applies to you? (check all that apply)

☐ I am a survivor of domestic violence

☐ I am a survivor of a sexual offense / sexual assault

☐ I am a survivor of stalking

☐ I am a survivor of human trafficking

☐ I am a protected health-care worker or patient

I currently live in Colorado: ☐ **Yes** ☐ **No** **I relocated within the past 90 days OR plan to relocate:** ☐ **Yes** ☐ **No**

3. Household members to be enrolled with you

Names & ages (children or adults living with you)

4. Evidence you can provide (helps establish eligibility)

☐ Police report

☐ Protection order (TPO/PPO)

☐ Letter from a domestic-violence / sexual-assault services agency

☐ Letter from a counselor or advocate

☐ Other: _____

5. Notes for your Application Assistant

Anything else that would help (safety concerns, timing, questions)

Reminder: the substitute address cannot be used on real-property records recorded with a county Clerk and Recorder, and private businesses are not required to accept it. The ACP is one part of a safety plan, not a substitute for a protection order. Prepared by The Longmont Law Firm, LLC as a free community resource — not legal advice.