



Arizona Address Confidentiality Program

Office of the Arizona Secretary of State



Request of Emergency Disclosure Instructions

Only a court, clerk of the court, criminal justice official/ agency or probation department may seek an emergency disclosure of an ACP participant's confidential address and it has to be related to a criminal proceeding or investigation.

Agencies who are in need of an ACP participant's confidential address for authorized purposes as stated above, may submit an Emergency Request of Disclosure of Authorized Use to the Director her designee Monday-Friday, 8:00am-5:00pm. In cases of an immediate emergency, the Director of ACP will be available to the above mentioned agencies on a 24 hour basis. Requests can be submitted by faxed to 602-542-3251 or emailed at acpinfo@azsos.gov.

The ACP will determine whether or not to grant the release based on the requesting agency's statutory and/or administrative obligation for the address and the criteria included in the adopted procedures provided. The Director of ACP or her designee will expedite the Emergency Requests it receives.

In order for the ACP to fulfill the request, please complete the following steps:

- 1) **Call the ACP Government Agency telephone number at (602) 542-1892** to verify if the participant is enrolled in the Address Confidentiality Program. The ACP does not maintain forwarding addresses of participants who have been cancelled or withdrawn from the program.
 - If participant is still enrolled in the program, continue with the next steps.
- 2) **In writing, on your agency's letterhead answer the following information and statements:**
 - a. The participant's name and ACP Apartment number.
 - b. Date of Request;
 - c. Provide a statement explaining the reasons your agency needs the participant's confidential, actual address;
 - d. Why your agency cannot meet its statutory or administrative obligations without the disclosure from the Director of the program;
 - e. Provide a statement of facts showing how your agency has attempted other methods to locate the participant or the participant's address OR why they believe other methods reasonably appear to be unlikely to succeed; *(All efforts should be exhausted before making a request, if possible)*.
 - f. Provide a statement of your agency's adopted procedures that will protect the confidential address of the participant; *(see adopted procedures section for guidance)*
 - g. Anticipated length of time your agency will need to maintain the confidential, actual address, and;
 - h. Printed names, titles, and contact phone numbers of both the person requesting the disclosure and his/her immediate and acting supervisor **and** the signature of each person. *(If law enforcement is requesting the disclosure, badge numbers will need to be included)*
- 3) **Complete and attach the Emergency Disclosure of Participant Information Form** along with your agency letterhead statement of request.

If disclosure is requested from an official or agency that an ACP participant has identified on their application as their perpetrator, ACP will ask for additional information from the supervisor indicated on the letterhead disclosure statement.