New Mexico Safe at Home

An Address Confidentiality Program Helping Survivors of Domestic Abuse Live Safe, Fulfilling Lives





Program Summary

The Safe at Home (SAH) program in the Secretary of State's Office was formerly known as the Confidential Address Program (CAP). Participants are granted the use of a fictitious mailing address, which is maintained by the Secretary of State's Office. When participants enter into business relationships with state, city, and other agencies, the use of the fictitious address maintains the person's confidentiality. It also relieves those government agencies of the difficult and costly responsibilities of maintaining confidential records. In this way, SAH participants are at a reduced risk from being tracked using public records.

This confidential program is only one step in the survivor's long-term, personal security strategy. Survivors can receive help in developing their personal security strategy and finding resources and ideas at a domestic violence program in their area.

Participants receive first-class, certified, and registered mail forwarding and receipt of service of process through their substitute address. Acceptance of the address enables agencies to respond to requests for public records without disclosing the location of the survivor.

Participants choose when to use the fictitious address, or their actual address with various agencies. We hope that you can use the fictitious address all the time, but this may not always be possible. It's important to know that when a SAH participant chooses to reveal their actual address, that agency is not legally obligated to keep that information confidential.

Frequently Asked Questions (FAQ)

Do I have to be a New Mexico resident?

Yes, or in the process of moving to New Mexico within 90 days of the date of application.

Who is eligible?

Anyone who is a survivor of domestic violence, sexual assault, attempted sexual assault, or stalking.

How does the Safe at Home Program work?

SAH participants are granted the use of a fictitious mailing address. When survivors enter into business relationships with state, city, and local government agencies, the use of the fictitious address maintains the survivor's confidentiality. SAH participants benefit by significantly reducing the risk of being physically located through public records.

Is information released over the phone?

Information is never released over the phone or in person. Information will only be released by court order. The SAH program will, however, confirm participation of a participant in the program verbally after establishing the requesting agencies need to know of said information.

How do I register to vote?

Voter registration requests are deemed a permanent absentee ballot request. After becoming a participant in the program, and having received your signature card, the Secretary of State's Office acts as the appropriate county clerk for purposes of voter registration. Participants can apply in person at the Secretary of State's Office or by mailing a voter registration card.

How long can I be in the program?

The program has an expiration of three (3) years. When you are getting close to that time frame and are still in need of the program, please contact the SAH toll free at 1-800-477-3632.

What if there is a child custody issue?

That will need to be addressed at the judicial level; however, participants should make arrangements to meet at a secure, neutral pick up and drop off point (police department for example).

How do I apply?

Survivors who wish to enroll in SAH must apply to the program by filling out the forms included in the SAH Application Packet while in the presence of an application assistant. An application assistant is a person who works or volunteers for a domestic violence or sexual assault program in New Mexico, including the SAH

PARTICIPANT – RETAIN THIS PAGE FOR YOUR RECORDS

coordinator at the Secretary of State's Office. The forms must then be notarized by a Notary Public in the presence of the applicant and application assistant. The application assistant will then submit the forms to the Secretary of State's Office. Before applying, we encourage interested applicants to call the SAH program at the Secretary of State's Office at 1-800-477-3632 for more information.

How can my government agency or advocacy organization become involved?

Upon request, the SAH program at the Secretary of State's Office will offer application packets to individual agencies or organizations. Please call our toll free number if you may be interested.

Safe at Home Program P.O. Box 1888 Santa Fe, New Mexico 87504

> Toll Free 1.800.477.3632

Application Packet Instructions

Attached are the forms for participating in the Safe at Home Program (SAH). The information provided on the application is for the use of the SAH and may only be disclosed pursuant to a court order, and to verify that the individual is in the program.

- **Primary Applicant Name:** Print or type the full name and DOB of the individual applying for participation in the SAH program.
- **Co-Applicant Name(s):** Print or type the full name and DOB of children or other individuals under the guardianship of the primary applicant to which the applicant wishes to enroll in the SAH. If there are more than three individuals which the applicant wishes to list as co-applicants, please indicate the number of additional names in the space provided, then list their full name(s), date(s) of birth, and relationship(s) to the applicant on the back of the page.
- **Mailing Address:** Print or type the address the applicant wishes the SAH to forward mail. If first line is a P.O. Box, include physical address on the second line.
- **Phone Number:** Print or type a telephone number(s) where the SAH may reach the applicant. If the applicant does not have a telephone number, use a work number, friend or relative's number where the applicant may be contacted.
- **E-Mail Address:** Print or type an e-mail address where the SAH may reach the applicant. This may be left blank if the applicant does not have an e-mail address.
- **Sign and date the form:** The Secretary of State's SAH program will not process an application form that has not been signed and dated by the applicant.
- If any individual or representative of an agency assists in the completion of the application, the assistant must sign and date the application form. If the applicant receives no assistance, a witness must sign and date the application form.

Also attached is the Safe at Home Program Application Affirmation Form. <u>In the presence of a Notary Public, this form must be completed, signed by the applicant, and then notarized</u>.

Participant and Assistant must sign checklist for the SAH Application.

Please return the forms so that we may process your application.

Safe at Home Program
P.O. Box 1888, Santa Fe, New Mexico 87504

Application Assistant Checklist

Applicant must be a victim of domestic violence, sexual assault, attempted sexual assault, stalking and/or who fears for their safety, or safety of a family member.
Applicant should have two types of identification one to be a positive photo I.D.
Must be a legal resident of New Mexico, or in the process of moving to New Mexico in the very near future.
Applicant must have relocated within the past ninety (90) days or be in the process of relocating within the next ninety (90) days to an address unknown to their abuser.
Applicant must bring police reports, court orders, restraining orders, or any other information to aid in the process.
New Address. No duplicates of any Safe at Home Program application paperwork are authorized for the protection of the participant.
Contact numbers are mandatory.
The application is filled out in the presence of the Application Assistant.
Application Assistants will mail the complete application, copies of ID, police reports, court orders to the Safe at Home Program .
Information for Assistant and Participant
The identification card is valid for three (3) years, and the participant may renew if needed. Renewal after (3) years is required to maintain participation.
Certain companies and agencies may not want to accept the SAH Substitute Address. In those cases, it will be the participant's responsibility to explore other options.
When requesting telephone service, be certain to ask for an unlisted, unpublished number and obtain a password for account information.
Be cautious when applying for credit, this may be public record.
After you are a participant and have received your identification card(s), you can complete your voter registration in person at the Secretary of State's Office or by mailing a voter registration card.
The Safe at Home Program is only one step in the victim's long-term personal security strategy. Please be forever vigilant, and let's make New Mexico a better and safer place to live for all.
Please call 1-800-477-3632 with any questions.

Application Form

Please print legibly in black ink

Primary Applicant: _						
<i>y</i> 11 –	Last Name	First Name	e M	iddle	Date of Birth	
Co-Applicant(s):						
	Last Name, First Name, Middle Relationship			Date of Birth		
	Last Name, Firs Relationship	t Name, Middle		Date of Birt	th	
	☐ There are	additional nan	nes on back	of page.		
Mailing address whe	re SAH will sen	d the applican	t's mail, if a	ddress is a P.O.	Box, indicate	
physical address on						
Street		Apt. #	City	State	Zip	
		A	C'I			
Street		Apt. #	City	State	Zip	
Current Phone Numb			-			
Cell/Mobile Number						
Emergency Contact I	Name and Num	ber:				
Signature of Applicant	or Parent/Guard	ian		Date		
Sianature o	f Application Ass	istant/Witness				
Date Date	у Аррисацоп Азз	istanty withess				
						
Print Name of Assistan	t/Witness	Agency Name		Telep	hone	

Applicant and Assistant Affirmation

Affirmation of Applicant:

I swear that I am (or the applicant for whom I am the parent/guardian is) a victim of abuse, sexual assault, or stalking and/or fear for (my/our) safety. Disclosure of (my/our) residential or delivery address would endanger (me/us). I am a resident of the State of New Mexico and have relocated within the last ninety (90) days or am in the process of relocating within the next ninety (90) days to a place unknown to my abuser. I understand that knowingly providing false and incorrect information to the SAH may be punishable by law. In addition, the Secretary of State will cancel my certification in the SAH program. To my knowledge, the information on this application is true and accurate.

I hereby designate the Secretary of State as my agent for service of process and receipt of mail. I understand that moving from a confidential address or changing my mailing address without first notifying the Safe at Home Program may result in the cancellation of my participation in this program.

Signature of Applicant		Date		
Affirmation of Application	Assistant:			
(and/or) the co-applicant for	whom they are	SAH application requirements. The applicant the guardian (is/are) a victim of abuse, sexety. Disclosure of their residential address		
Signature of Application Assist	ant	Date		
	NOTARY IN	NFORMATION		
State of:	County:			
Signed and attested before m	ne on	•		
	Date	Name		
Signature of notarial officer				
(SEAL)	Му с	ommission expires:		

Telephone

New Mexico Secretary of State Safe at Home Program

	Checklist for SAH Application
I u	lerstand that:
	ny mail will go first to the SAH program, then be forwarded to me. This means it will ake longer to receive my mail.
	ne SAH program forwards only 1st class mail , and therefore, does not forward such ems as magazines, junk mail, periodicals, books, or packages.
	will receive a SAH authorization number upon certification with the program. I further nderstand that the SAH authorization number is an important part of my address, and bsence of this number will delay the program's ability to forward my mail.
	ne New Mexico Secretary of State is my designated agent for service of process and eceipt of mail. I understand that the SAH's receipt of documents on my behalf onstitutes my receipt of the documents and that I am legally responsible for all
	bligations contained in them. Further, I agree to accept all mail sent to me by SAH. is my responsibility to notify state and local government agencies that I am a SAH
	articipant and present them with my signature card to receive address confidentiality. rivate companies do not have to accept my SAH substitute address. In those cases, it vill be my responsibility to explore other options.
	may use the SAH substitute address as my residence, work, or school address. AH is prohibited by law from releasing my address to a third party unless directed by a ourt order. My participation in the program is not confidential and if asked, SAH will
	erify my participation and that the SAH address is my legal mailing address. agree to notify the SAH program if my name, address, or telephone number changes and provide a certified copy of documentation of a legal name change.
	agree to notify the SAH in writing if I no longer wish to participate in the program. may be cancelled from the program for any of the following reasons:
	 Providing incorrect or false information on the SAH application. Mail forwarded by SAH to my mailing address is undeliverable or returned Failure to notify SAH of a name or telephone number change within 48 hours Failure to notify SAH of a residential address change at least 7 days before moving.
	AH serves residents of the State of New Mexico and my participation in the program vill be cancelled if I am no longer a legal resident of the State of New Mexico.
	nowledge that all items on this checklist were discussed and/or explained to me ne Application Assistant.
Si _ξ	ature of Applicant Date
Si	nature of Application Assistant Date

Agency Name

Print Name of Assistant/Witness