



Colorado Springs Police Department Standard Operating Procedure

DL-122-15 Colorado Address Confidentiality Program

Section 100 – Organizational Values and Structure

Effective Date: 2/11/2026

Supersedes Date: 11/25/2019

.01 Purpose

The purpose of this directive is to provide information on the Address Confidentiality Program (ACP) and to provide direction to department members when an individual presents an ACP authorization card.

.02 Cross Reference

[GO 122 Treatment of Victims/Witnesses & Victim Rights Notification](#)

C.R.S. § 24-30-2101, et seq.

.03 Definitions

Address Confidentiality Program (ACP): A statewide program that provides victims of domestic violence, sexual offenses, human trafficking, stalking, and/or harassment, as well as protected healthcare workers who fear for their safety, with a legal substitute address for interacting with all state and local government agencies. The program also provides a confidential mail forwarding service. The legislative intent is to protect the location of a victim's or protected healthcare worker's actual address and reduce the risk of future harm.

.04 Procedure

All ACP participants receive an authorization card that reflects their substitute address (see Figure 1 below). The card remains valid for as long as the participant remains certified under the program.

Department personnel who are presented with an ACP authorization card will use the address on the card (the “substitute address”) as the actual address for the victim or protected healthcare worker on all documents to include police reports, records requests, and summonses with the

reference to the fact that the person is in the ACP and that personnel responded to an address in the department's jurisdiction.

When department personnel are presented with an ACP authorization card and need to verify that the person is a participant in this program, they may contact ACP at (303) 866-2208 or the Victim Advocacy Unit (VAU) to verify the individual's status in the program.

The ACP has an expedited process for disclosing a participant's actual address when required for a criminal justice investigation, proceeding, hearing, or trial. A criminal justice agency or official may submit a written request on agency letterhead that is signed by the officer and their direct supervisor, or they can submit a notarized "Emergency Disclosure of Information" form available on the ACP website.

Program Eligibility

To qualify for the ACP, all three of the following conditions must typically be met:

- The person must be a current or threatened victim of domestic violence, sexual assault, stalking, harassment, or human trafficking, or a protected healthcare worker
- The person must provide evidence of victimization, which may include a police report, protection order, or agency statement.
- The person must have moved in the past 90 days or plan on relocating to a location that is unknown to the suspect.

If department personnel are in contact with a victim or a protected healthcare worker who would like to learn more about the ACP and the enrollment process, the victim can be directed to contact VAU for more information and assistance with enrollment.


Emergency Notifications from an ACP Participant

If an ACP participant calls 911, they will be voluntarily releasing their address information for an emergency response. If the participant informs the responding officers of their participation in ACP and presents their authorization card, the substitute address will be entered into the case report, if applicable.

It will be incumbent upon the ACP participant to contact the CSPD Communication Center to request a redaction of the incident/reported address from the CAD call screen, as needed. The ACP participant may also contact the CSPD VAU to assist in this process.

More information can be found on the ACP website, <https://dcs.colorado.gov/acp>.

Figure 1. State of Colorado Address Confidentiality Program Card

 <p>State of Colorado Address Confidentiality Program</p> <p>Pursuant to Sec. 24-30-2101 C.R.S., the following person is authorized to use the following substitute address for all legal purposes:</p> <p>ACP Participant Name 1001 East 62nd Avenue, Apt #1234 Denver, Colorado 80216</p> <p>Expiration Date: mm/dd/yyyy</p> <p>Signature Strip Here Signature of Participant or Parent/Guardian</p>	<p>"When a program participant submits a current and valid address confidentiality program authorization card to the agency, the agency shall accept the substitute address...as the participant's residential, work, or school address when creating a new public record..." Sec. 24-30-2108 C.R.S.</p> <p>This address shall be used as the participant's only address of record and must be used on all correspondence.</p> <p>Questions regarding the program or the use of this card: (303) 866-2208 toll-free (888) 341-0002 acp@state.co.us www.colorado.gov/acp</p> <p>Authorization # 600000000</p>
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