



GOODYEAR POLICE DEPARTMENT

Policy and Procedure Manual
POLICY 3.62
**ADDRESS CONFIDENTIALITY
PROGRAM**

Effective:
03/07/2022

Replaces:
01/27/2022

Approved:


1. PURPOSE AND SCOPE

1. The Address Confidentiality Program (ACP) is provided in A.R.S. §§ 41-161 through 41-169 and is administered by the Arizona Secretary of State. The ACP was created to prevent perpetrators of domestic violence, sexual offenses, and stalking from using the state's public records to locate their victims. The Secretary of State provides Program Participants with a substitute work, school, and / or residential address in lieu of their actual physical address.
2. The ACP functions as the Substitute Address to receive all first class, certified, and registered mail, including any correspondence from the police, courts and prosecutors, as well as service of process for court orders, injunctions, subpoenas, etc. These documents will be forwarded by the ACP to the Program Participant's actual address. All other mail received at the substitute address will be returned to sender.

2. DEFINITIONS

1. The following definitions will have the meaning provided below unless the context requires otherwise:
 - A. "ACTUAL ADDRESS" means the actual physical residential, work or school address of the ACP participant.
 - B. "ADDRESS CONFIDENTIALITY PROGRAM" or "ACP" or "SECRETARY OF STATE" means the Address Confidentiality Program administered by the Secretary of State.
 - C. "APPLICANT" means an individual identified as such in an application received by the Secretary of State pursuant to A.R.S. § 41-163.
 - D. "ADDRESS CONFIDENTIALITY PROGRAM AUTHORIZATION CARD" or "AUTHORIZATION CARD" means the card issued to the Program Participant certifying that the cardholder has been certified as a member of the ACP and identifying the Substitute Address.
 - E. "DOMESTIC VIOLENCE" has the same meaning prescribed in A.R.S. § 13-3601.
 - F. "PROGRAM PARTICIPANT" or "PARTICIPANT" means an individual accepted into the ACP and provided a substitute address. A Program Participant may be an adult, parent, or guardian on behalf of a minor or guardian on behalf of an incapacitated person.
 - G. "PUBLIC RECORD" means all documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, digital data, artifacts, or other documentary material, regardless of physical form or characteristics, made or received pursuant to law or ordinance in connection with the transaction of public business by a state or local government entity.
 - H. "SEXUAL OFFENSE" means an offense included in title 13, chapter 14 or 35.1.
 - I. "STALKING" means an offense prescribed in A.R.S. § 13-2923.
 - J. "SUBSTITUTE ADDRESS" means the address designated to the Participant from the ACP to be used instead of an actual address. The address will be 1901 W. Madison St, Apt # ____ (each family will be designated a specific apartment number.)

3. VERIFICATION AND USE OF SUBSTITUTE ADDRESS

1. Subject to the exceptions provided in B below, the Department will use a Participant's Substitute Address for all future purposes and it is not a public record subject to disclosure, if all of the following:
 - A. The Participant requests that the Substitute Address be used. This is the Participant's responsibility;
 - B. The Participant has been issued or presents a valid/current Card; and
 - C. The officer confirms the person is a Participant by calling the ACP at (602) 542-1892.
2. The Actual Address may be used for any of the following:
 - A. The crime being investigated occurred at the Actual Address. Use the Actual Address for location and the Substitute Address as the address for the Participant; or
 - B. The Program Participant withdraws or is removed from the ACP; or
 - C. The record with the address was created more than 90 days prior to the Participant's enrollment in the ACP; or
 - D. The Participant requests or voluntarily provides the Department with the Actual Address. Officers may not request that the Participant give them the Actual Address; or
 - E. Completing a federal form such as fingerprints, firearms traces, and automatic weapons purchase clearances; or
 - F. Disclosure is authorized by Court Order; or
 - G. Limited use is authorized by the ACP upon application by the Department.
3. No member of the Department may disclose the Actual Address of any Program Participant to any other person, including other Department personnel, unless any of the following:
 - A. An exception in paragraph B above applies; or
 - B. Disclosure is authorized pursuant to a request submitted by the Department to the ACP.
4. It is a Class 1 misdemeanor for any person to intentionally or knowingly obtain a Program Participant's Actual Address or telephone number from the ACP knowing that they are not authorized to obtain the Actual Address or to intentionally or knowingly disclose a Program Participant's Actual Address or telephone number unless disclosure is permitted by law. A.R.S. § 41-165.
5. Once the Card is properly verified, the Department employee receiving the Card shall make a photocopy of the Card and provide the photocopy to Department Records to scan into the system. The fact that someone is a participant in the ACP and has been issued a Card is not confidential. Unless an exception applies, from 90 days prior to the enrollment in the ACP and going forward the Substitute Address will be used for all Department purposes, which includes all reports, citations and other forms, whether paper or electronic.
 - A. If a Participant requests the redaction of the Actual Address from police records for the 90 day pre-enrollment period, they should be directed to contact the Crisis Services Unit. The Crisis Services Unit will immediately contact the Police Records Division Supervisor.
 - B. The Police Records Division Supervisor shall be responsible for ensuring that the Participant is identified in the Records Management System as an ACP Program Participant and will replace all references to the Actual Address with the Participant's Substitute Address unless there is an exception as identified herein.
6. Not Identification. The Card is only for enrollment verification and is NOT a form of official identification.

4. SERVICE OF PROCESS

1. Program Participants can be served by delivering to the ACP as follows:
 - A. Contact ACP at (602) 542-1892 to verify person is a current Participant;

- B. Be prepared to schedule a time with ACP when you will arrive at the Office of the Secretary of State to serve papers;
- C. Place documents to be served in an envelope – on the outside of the envelope identify the Participant's name, their Substitute Address and note "SERVICE OF PROCESS"
- D. Deliver it to: Secretary of State, 1700 W. Washington, 7th Floor, Phoenix, AZ 85007

5. REQUEST FOR DISCLOSURE OF ACTUAL ADDRESS

1. Police may in some situations obtain the Actual Address of a known Participant by submitting a Request for Disclosure as provided in A.R.S. § 41-167. To submit a request:
 - A. Call the ACP at (602) 542-1892 to verify person is currently enrolled as a Participant;
 - B. Complete Agency request to ACP, which includes all of the following documents and information:
 1. Complete the Emergency Disclosure of Participant Information form,
 2. A copy of this policy; and
 3. Submit written request on GPD letterhead which must contain all of the following information:
 1. Name of Participant;
 2. Participants Substitute Address apartment number identified on Card, if known;
 3. Date of request;
 4. Statement explaining why the Participant's Actual Address is needed;
 5. Statement that the agency cannot meet its statutory or administrative obligations without the disclosure of the Actual Address;
 6. Provide facts showing that other methods to locate the Participant or the Actual Address have been tried and failed or would be unlikely to succeed;
 7. Statement that GPD has adopted a procedure setting forth the steps to be taken to the Department to protect the confidentiality of the participant's actual address;
 8. Identify the anticipated length of time GPD will need to maintain the Actual Address;
 9. Printed names, titles, badge numbers and contact phone numbers for the person(s) seeking the disclosure request and their immediate supervisor and signature of each person
 10. If true, identify if
 - a. The request is for purposes of a criminal investigation involving alleged crimes by the Program Participant, and / or
 - b. Providing notice would jeopardize an ongoing criminal investigation.
 11. If 1 or 2 is true, the Participant will NOT receive notice of the request prior to the release by ACP. Otherwise advance notice and an opportunity to object is provided.
 - C. Submit all three documents to ACP either via FAX at (602) 542-3251, or scan and email to acpinfo@azsos.gov.
 - D. If ACP Grants Request: The request will include limits on the access, permitted use, permitted users, and a time limit on the ability of the agency to use or maintain the actual address. Violations of these limits are punishable as a Class 1 misdemeanor.
 - E. If ACP Denies Request: The office may file a written exception within 15 days of the denial. Officers should consult the legal advisor if their request is denied. A.R.S. § 41-167.
 2. Maintaining Address Confidentiality
 - A. The immediate supervisor that signed the GPD letterhead Statement of Request for the Actual Address shall be responsible for maintaining the address in a secure and confidential location, with the information accessible only to those persons authorized to have access to

the information as provided by the ACP. It is the responsibility of the immediate supervisor to delete the information upon expiration of the authorized use period. The Actual Address is not subject to release pursuant to a public records request.

6. TERM, CANCELLATION, OR REMOVAL FROM ACP

1. Once a Program Participant is certified as a member of the ACP, the Authorization Card remains valid while the Program Participant remains certified under the program. Each certification lasts five years, unless withdrawn or cancelled earlier, and may be renewed.
2. Withdrawal. The Participant may withdraw from the Program at any time by filing the appropriate documentation with the ACP. Cancellation from ACP occurs when the Program Participant does any of the following:
 - A. Fails to notify the ACP of a change in the Participant's name, address, or telephone number identified on the ACP application; or
 - B. The Participant knowingly submits false information on the ACP application; or
 - C. Mail forward to the Participant by the ACP is returned undeliverable.
3. Prior to cancellation pursuant to paragraph C, the ACP will send notice of cancellation to the Participant. The Participant will have 30 days to appeal the cancellation. A.R.S. § 41-164.
4. It is the responsibility of the Participant to notify the Department of the cancellation. The ACP will not provide the notice, but will provide confirmation of cancellation if requested.



Arizona Address Confidentiality Program

Office of the Secretary of State – Ken Bennett
(602) 542-1892 acpinfo@azsos.gov



Service of Process in Person Instructions

If personal service is required upon an ACP participant, please follow the steps below to ensure timely service:

- 1) **Call the ACP Government Agency telephone number at (602) 542-1892** to verify the participant is still enrolled in the Address Confidentiality Program. ACP staff cannot accept mail or service of process for individuals who are no longer enrolled in the program.
 - a. If participant is still enrolled in the program, please inform ACP staff of your expected arrival time when you call.
 - b. This is to ensure someone will be available to accept service.
- 2) Please mark the exterior of the envelope containing the documents, “Service of Process” and include the ACP participant’s name and apartment number.
- 3) Personal service can be completed at:
Executive Director or her designee ONLY
1700 W. Washington, 7th Floor
Phoenix, AZ 85007



Arizona Address Confidentiality Program

Office of the Secretary of State – Ken Bennett



***Emergency Request of Disclosure of Authorized Use**

Only a court, clerk of the court, criminal justice official or agency or probation department may seek an emergency disclosure of an ACP participant's confidential address related to a criminal proceeding, investigation or other court proceedings. Agencies who are in need of an ACP participant's confidential address for authorized purposes may submit an Emergency Request of Disclosure of Authorized Use to the Director of ACP or 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.

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 ACP to fulfill the request, please complete the following steps:

- 4) **Call the ACP Government Agency telephone number at (602) 542-1892** to verify the participant is still enrolled in the Address Confidentiality Program. ACP does not maintain forwarding addresses of participants who have been cancelled or withdrawn from the program.
 - a. If participant is still enrolled in the program, continue with the next steps.
- 5) **On your agency letterhead, in writing please answer the following information and statements:**
 - a. ACP participant name (and ACP apartment number if known);
 - b. Date of Request;
 - c. Provide a statement explaining the reasons your agency needs the ACP participant's confidential actual address;
 - d. Why your agency cannot meet its statutory or administrative obligations without the disclosure from the Director of ACP;

- e. Provide a statement of facts showing how your agency has attempted other methods to locate the ACP participant or the ACP participant's address **OR** why they believe other methods reasonably appear to be unlikely to succeed;
 - f. Provide a statement of your agency's adopted procedures that will protect the confidential address of the participant;
 - 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 seeking the disclosure request and their immediate or acting supervisor **and** the signature of each person. *(If law enforcement is requesting the disclosure ,badge numbers will need to be included)*
- 6) **Submit an Emergency Disclosure of Participant Information Form** along with your agency letterhead statement of request.
- 7) **You may either fax or scan and email** your signed, completed Request of Disclosure to the Director of the Address Confidentiality Program at (602) 542-3251 or acpinfo@azsos.gov.

Address Confidentiality Program Adopted Procedures Criteria

Pursuant to ARS §41-167(H)1-4 a state or local government entity whose request of disclosure is granted shall have adopted procedures of how the agency will protect the ACP participant's confidential, actual address or telephone number once it has been disclosed by ACP. Agency adopted procedures must be included in the request of disclosure statement or attached separately to the request.

The following are the criteria to assist agencies in their development of adopted procedures:

- 1) How will your agency limit use of ACP participant's actual address outside of intended use in request of disclosure statement?
- 2) How will your agency limit access of the actual address, to those outside of intended purpose stated in request of disclosure statement?
- 3) How will your agency cease to use and dispose of ACP participants actual address once expired and/ or is no longer needed?
- 4) What other ways will your agency maintain the confidential, actual address outside of what was mentioned above?



Arizona Address Confidentiality Program

Office of the Secretary of State – Ken Bennett



EMERGENCY DISCLOSURE of PARTICIPANT INFORMATION FORM

ARS §41-167 (N) "... An official or agency receiving information pursuant to this subsection shall certify to the Secretary of State that the official or agency has a system in place to protect the confidentiality of a program participant's actual address from the public and from personnel who are not involved in the trial, hearing, proceeding or investigation."

I, _____ am seeking the emergency disclosure of actual address or phone number for the following ACP participant:

Participant Name _____ ACP Apt # _____

I certify that the requested information is required pursuant to a:

- ☐ Trial
- ☐ Hearing
- ☐ Investigation
- ☐ Other proceeding

_____,
(Type of proceeding)

AND

- ☐ I certify that the information will be protected from the public and personnel who are not involved in the trial, hearing, proceeding, or investigation.

The confidential address may be faxed to the following secured fax number: _____

Name of Person Seeking Disclosure (Title &/or Badge # if applicable)

Contact Phone Number

Signature

Date: _____, 20____

Name of Immediate Supervisor (Title & Badge # if applicable)

Contact Phone Number

Signature

Date: _____, 20____