



Safe at Home



Michael G. Adams
Secretary of State

Application for Recognition of Out of State Participant

Return Form to:
Safe at Home (c/o SOS Office)
700 Capital Avenue, Suite 152
Frankfort, KY 40601

APPLICANT INFORMATION

I am applying for recognition of inclusion in Kentucky's Safe at Home Program:

- I have moved to Kentucky and participated in a like-program in another state
- I am temporarily living in Kentucky and participated in a like-program in another state
- I am doing business or engaged in other transactions and participated in a like-program in another state

Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number - -	Gender Female <input type="checkbox"/> or Male <input type="checkbox"/>
Any Other Name that may appear on Applicant's Mail		Email	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	Alternate telephone number for use by Secretary of State () - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		
Emergency Contact	Emergency Contact Phone Number		

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of Person(s) Feared:
I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for applying to Safe at Home (optional) Domestic Violence Sexual Assault Stalking Trafficking
How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
-----------------	--------------------	----------	------------------------------------

**Please read each of the statements below and initial.
You must read and agree to each of the statements below.**

	I am an adult survivor of domestic abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking or I am the parent/guardian of a child or incapacitated individual who is such a survivor. I fear for my safety, the safety of those who reside in my household, or the safety of the person on whose behalf I completed this application.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not a sexually violent predator.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to third parties when requested.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand that my participation in Safe at Home may be cancelled for any of the following reasons: <ol style="list-style-type: none"> 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information, I become ineligible for Safe at Home. 5. I become ineligible for Safe at Home in the original state certification.
	I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address could include an apt. number. Without this apt. number, my mail may be delayed or may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.
	I understand that I am enrolled in Safe at Home for a one-year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled from the program.
	I realize that if I purchase real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Safe at Home program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it will aid in responding to an emergency situation, criminal complaint, or an ongoing investigation.
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turns 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.

SIGNATURE OF APPLICANT OR FILER

I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or designee of an applicant or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.

Printed Name of Applicant or Filer

Signature of Applicant or Filer

Date

Printed Name of Application Assistant

Signature of Application Assistant

Date