



ACP

Address Confidentiality Program



Emergency Disclosure of Participant Information

Pursuant to §24-30-2110(12), C.R.S., "...an official or agency receiving information pursuant to this subsection (12) shall certify to the executive director or his or her designee that the official or agency has a system in place to protect the confidentiality of a participant's actual address from the public and from personnel who are not involved in the trial, hearing, proceeding, or investigation."

Please complete and sign before a notary public.

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

Participant Name _____ 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 requested will be protected from the public and personnel who are not involved in the trial, hearing, proceeding or investigation.

_____, 20____.
Signature of person seeking the disclosure *Date*

State of Colorado)
)ss
County of _____)

Subscribed and sworn to before me this ___ day of _____, 20____, by

_____.

_____ My Commission Expires: _____
Notary Public

ACP Section

The requested information was provided to _____

How was the information provided? _____

Date _____ Signed _____

<https://dcs.colorado.gov/acp>

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