



Tre Hargett
Secretary of State

Notice of Change Form

Safe at Home Address Confidentiality Program

Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-253-3043
sos.tn.gov/safeathome

This form should be used to update any application information, including the Program Participant's residential and/or mailing address. Any change to the Program Participant's application information should be reported within thirty (30) days of the change. This form may be submitted by mail to the address above or via email to TNSOS.SAFE@tn.gov.

INSTRUCTIONS

According to Tennessee law, Safe At Home Program Participants are required to notify the Office of the Secretary of State of any change in the participant's residence address and application information within thirty (30) days after any change has occurred by submitting this notice of change form.

Participant Instructions:

- Enter any information that has recently changed relating to the Participant's demographic information.
- If Participant has recently relocated to a new residential address, Participant **MUST** provide documentary evidence of the new residential address. This may be in the form of a recently executed lease agreement or a newly opened public utility account in the program participant's name, among other possible types of documentation. If Participant does not include sufficient documentation, the change request cannot be completed and Participant may ultimately be subject to removal from program participation.
- If Participant's mailing address has recently changed, Participant may update this information using this form. The mailing address may or may not be the same as the residential address. No additional documentation is required to update Participant's mailing address.
- You may use this form to add or remove a child, legal dependent or legal guardian to your household. If Participant has recently given birth or gained custody of a child, Participant should update this information. Alternatively, if a child listed on Participant's initial application is no longer residing in Participant's household, this information should be updated.
- List any updated addresses (whether work, school, etc) that Participant seeks to keep confidential.
- If any of the circumstances enumerated on Page 3 have changed, please update this information. If an order of protection is no longer in place, one of the other circumstances must now exist and be properly documented in order for program participation to continue. However, if none of those circumstances currently exists, Participant should consider whether withdrawal from the program is appropriate.
- If Participant, or a minor child residing in Participant's household, has become subject to a court order or has become involved in court action related to the dissolution of marriage, child support, or the allocation of parental responsibilities or parenting time since the date of the initial application, Participant must provide the Name of the Court, the contact information for the court, and the case number. If Participant is now subject to or involved in more than one order or proceeding, attach a separate document providing all of the information requested relating to all applicable orders and proceedings.
- If Participant is now required to register on any of the enumerated registries outlined on Page 4, Participant is no longer eligible to participate in the program. Participant is required to report any registry participation to the Safe At Home Program and program participation will be canceled. If Participant does not report this, program participation will be canceled when the Safe At Home Program becomes aware of Participant's registration.
- Participant must sign the Notice of Change before a Notary Public. If the Notice of Change is not properly notarized, Participant's information cannot be updated and Participant may be subject to cancellation.

For more information, or assistance completing this form, contact the Safe At Home Program or visit sos.tn.gov/safeathome.

PARTICIPANT INFORMATION

First: _____ MI: _____ Last: _____

Maiden Name: _____ Alias Name: _____

Date of Birth: ____/____/____ Participant ID Number: _____ SSN: _____

Phone: _____ Email: _____

Parent or Guardian Name: _____ Phone: _____

Applicant's Residential Address: This should be the address where the applicant actually resides. If this address has changed, you must provide proof of residency at this address.

Has this address changed? (circle one) Yes No

Street: _____

City: _____ ST: _____ Zip: _____ County: _____

Applicant's Mailing Address: This should be the address where the Office of the Secretary of State can reach the applicant and to which all mail received at the substitute address will be forwarded.

Has this address changed? (circle one) Yes No

Street: _____

City: _____ ST: _____ Zip: _____ County: _____

Co-Applicants: List the name, date of birth, and your relationship to any Co-Applicant who resides within your home and who you would like to participate in the program. Co-applicants may be the Program Participant's minor children, legal dependents or legal guardians.

Has this information changed? (circle one) Yes No

Are you adding or removing a Co-Applicant residing in your household? (circle one) Adding Removing

Please enter the requested information below.

Name: _____ DOB: ____/____/____ Relationship: _____

Name: _____ DOB: ____/____/____ Relationship: _____

Name: _____ DOB: ____/____/____ Relationship: _____

Please list any other addresses which the applicant would seek to keep confidential. Please also indicate the type of the address listed (i.e., work, school, etc).

Has this information changed? (circle one) Yes No

Address: _____ Type: _____

Address: _____ Type: _____

Applicant must provide documentary evidence that one of the following circumstances exist. If these circumstances have changed, Participants should consider requesting the assistance of a Certified Application Assistance in completing this section.

Has any of the information below changed? (circle one) Yes No

- There exists an ongoing criminal case that may result or a criminal case that has resulted in a conviction by a judge or jury or by a defendant's guilty plea, in which the applicant was a victim of domestic abuse, stalking, human trafficking, rape, sexual battery, or any other sexual offense.

Court Name: _____ Case Number: _____

Offense Charged: _____ Date of Offense: _____

*Applicant should attach documentary evidence of the case, such as a copy of a criminal complaint or an order issued in the matter that sets out the disposition of the case, to this application.

- A court of competent jurisdiction in the State of Tennessee has granted an order of protection to the applicant, which is in effect at the time of application.

Court Name: _____ Case Number: _____

*Applicant should attach a copy of the Order of Protection to this application.

- In the absence of an ongoing criminal case that may result or has resulted in a criminal conviction or an order of protection issued by a court of competent jurisdiction in this State which is currently in effect, the applicant may also provide a notarized statement by a licensed professional with knowledge of the circumstances confirming that such individual believes that the applicant is in current danger of further harm.

Name of Licensed Professional: _____ Occupation: _____

Professional License Number: _____ Phone Number: _____

*Applicant should attach the notarized affidavit to this application.

Has any of the information below changed? (circle one) Yes No

Is the applicant, or a minor child residing in the applicant's household, currently subject to a court order or involved in court action related to the dissolution of marriage, child support, or the allocation of parental responsibilities or parenting time? If so, provide the following information:

Name of Court: _____

Court's Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Case Number: _____

If applicant is subject to or involved in more than one order or proceeding, attach a separate document providing all of the information requested above relating to all applicable orders and proceedings.

Is Participant now required to register on any of the following registry lists?

- Tennessee Sexual Offender Registry, T.C.A. § 40-39-201, *et seq.*
- Tennessee Animal Abuser Registry, T.C.A. § 40-39-401, *et seq.*
- Abuse Registry, T.C.A. § 68-11-1001, *et seq.*
- Drug Offender Registry, T.C.A. § 39-17-436
- None

Is any Co-Applicant now required to register on any of these registry lists?

- Yes No If yes, who? _____

*Individuals who are required to register on any of these Registries are not permitted to participate in this program. T.C.A. § 40-38-603. If Participant is now required to register with one of these registries, program participation will be canceled.

Are you now subject to probation or parole? (circle one) Yes No

Applicants who are subject to probation and/or parole, must provide the Department of State with their Offender ID number and consent to the release of their information, including their residential address, to law enforcement officials, including the Department of Correction and the Board of Parole.

- By checking this box, I consent to the release of my information to law enforcement officials, including the Department of Correction and Board of Parole.

Offender ID Number: _____

Are you now receiving services from the Department of Children's Services, or are you now required to participate in home visits with the Department of Children's Services? (circle one) Yes No

Applicants who are receiving services from the Department of Children's Services, or who are required to submit to and/or participate in home visits with the Department of Children's Services, must provide the Department of State with their case number or other DCS identifier and the name and contact information for their case manager at DCS. Applicants must also consent to the release of their information, including their residential address, to DCS for the limited purpose of facilitating the required home visits. DCS will keep this information confidential, and will not disclose your confidential address unless required to do so by law.

- By checking this box, I consent to the release of my information to the Department of Children's Services.

Case Number: _____ Other DCS Identifying Number: _____

Name of Case Manager: _____ Phone: _____

PARTICIPANT SIGNATURE

State of Tennessee, County of _____ . Affiant makes oath or affirmation as follows:

By checking this box, I attest that the information contained within this application is true and correct to the best of my knowledge based upon a reasonable inquiry.

Participant Signature

Date

Notary Signature

My Commission Expires: _____

Sworn to and subscribed before me this
_____ day of _____,
20_____.

Affix Notary Seal Here