

SECRETARY OF STATE
(Amended at ARRS Committee)

30 KAR 10:120. Recognition of certification in other state.

RELATES TO: ~~KRS 14.302 Ky Acts ch. 172~~

STATUTORY AUTHORITY: ~~KRS 14.304, 14.318 Ky Acts ch. 172~~

NECESSITY, FUNCTION, AND CONFORMITY: ~~KRS 14.318 Ky Acts ch. 172~~
authorizes the Secretary of State to promulgate administrative regulations implementing the Safe at Home Program~~Ky Acts ch. 172~~. This administrative regulation establishes the reciprocity processes for a participant of a similar program in another state~~implements Ky Acts ch. 172~~.

Section 1. A participant in a program in another state that is similar to the Safe at Home Program may apply for approval in the Kentucky Secretary of State Safe at Home Program.

(1) The application for recognition shall be made to the Secretary of State by submitting a completed Application for Recognition of Out of State Participant, which shall contain~~contains~~:

- (a) The applicant's full legal name;
- (b) The applicant's date of birth;
- (c) Any other names that may appear on the applicant's mail;
- (d) The applicant's county of residence;
- (e) The applicant's residential address;
- (f) The applicant's phone number;
- (g) The applicant's email address;~~and~~
- (h) The applicant's dependent's legal names and identifying information (if applicable);~~and~~
- (i) The state where the applicant is currently enrolled;~~and~~
- (j) Contact information for the other State's administrator of the similar program;~~and~~
- (k) Whether the applicant is permanently moving to the Commonwealth, temporarily living in the Commonwealth,~~for~~ doing business in the Commonwealth, or engaged in other transactions in the Commonwealth.

(2) The application shall~~must~~ include a sworn statement and acknowledge the following:

- (a) I am an adult survivor of domestic abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking, or I am the parent or ~~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;
- (b) I am not applying to participate in the Safe at Home Program~~in order~~ to avoid prosecution of any kind. I confirm that I am not a sexually violent predator;
- (c) I give permission to the Secretary of State's Office to verify my participation in the Safe at Home Program to third parties when requested;
- (d) I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. ~~Therefore, if~~ the Secretary of State~~Safe at Home~~ accepts legal documents or certified mail addressed to me, it is as if I received them;
- (e) I understand that my participation in the Safe at Home Program may be cancelled ~~if for any of the following reasons~~:

1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change;~~and~~

2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service;~~;~~
 3. ~~I~~ do not accept service of process or I am unavailable for delivery of service of process;~~;~~
 4. ~~My~~ application contains false information; ~~or;~~
 5. I become ineligible for the similar program~~Safe at Home~~ in the original state certification;
- (f) I understand that it is my responsibility to notify family, friends, businesses, and government agencies of my Safe at Home Program designated address. I recognize that if I share my confidential address, the Safe at Home Program cannot control its distribution;
- (g) I realize that my mailing~~mail~~ address could include an apartment~~apt.~~ number and~~;~~ without this apartment~~apt.~~ number, my mail may be delayed or may never reach me. I understand the Safe at Home Program shall~~will~~ forward only first-class, legal, and certified mail, as well as packages of prescriptions;
- (h) I understand that my approval in the Safe at Home Program is for a one (1) ~~one~~ year term. At the end of this term, I realize that I am required~~will have~~ to renew my enrollment or be cancelled from the program;
- (i) I realize that if I purchase real estate, my information shall~~will~~ appear on public records;
- (j) I understand that I am required to~~must~~ notify the Safe at Home Program if any of the information on my original Safe at Home Program application changes;
- (k) I understand that once I am enrolled in the Safe at Home Program, my actual address shall~~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 may~~will~~ aid in responding to an emergency situation, criminal complaint, or an ongoing investigation; and
- (l) I understand that my children under the age of eighteen (18) may be enrolled with me as dependents and that~~;~~ individuals over the age of eighteen (18) are required to~~must~~ enroll separately. I realize that minors who turn eighteen (18) during participation in the program shall before~~;~~ responsible for completing a renewal form at that time to continue Safe at Home Program participation.

Section 2. Certification in the Safe at Home Program.

- (1) The Secretary of State shall approve an Application for Certification to Participate in Safe at Home Program and certify the applicant as a program participant if the applicant and the Application for Certification to Participate in ~~the~~ Safe at Home Program meet the requirements established in KRS 14.304~~Ky Acts ch. 172~~ and this administrative regulation.
- (2) The Secretary of State shall notify the applicant or filer whether the Application for Certification to Participate in ~~the~~ Safe at Home Program was denied, or the applicant was certified as a program participant.
 - (a) If an Application for Certification to Participate in ~~the~~ Safe at Home Program is denied, the Secretary of State shall inform the applicant or filer of the reason for the denial.
 - (b) If an applicant is certified as a program participant, the Secretary of State shall:
 1. Assign to the program participant a participant number and designated address;~~;~~ and
 2. Issue to the program participant a Safe at Home Program Participant Card;~~;~~
 3. Provide information about the Safe at Home Program with instructions, frequently asked question and answers, and other information deemed necessary;~~;~~ and

4. Provide a general letter from the Secretary of State *that* the participant can provide to agencies.

(3) If an applicant is certified as a program participant, participation in the Safe at Home program shall be effective as of the date of the notification of certification.

Section 3. Incorporation by Reference.

(1) "Application for Recognition of Out of State Participant", July 2023; is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Secretary of State's Office, 700 Capital Avenue, State Capitol, Suite 152, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m., or may be obtained at www.sos.ky.gov.

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