

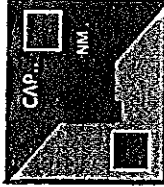
ESTANCIA (505) 384-0381
 Sanctuary Zone
FARMINGTON (505) 326-7878
 Desert View
 Family Crisis Center (505) 325-3549
 Navajo United Methodist Center (505) 325-7578
GALLUP
 Battered Families Services (505) 722-6389
GRANTS
 Roberta's Place (505) 287-7203
HOBBS
 Options, Inc. (575) 393-2459
LAS CRUCES
 La Casa (575) 526-2819
 Satellite-Anthony (575) 882-3008
LAS VEGAS
 Tri County Family Justice Center (575) 718-7300
MORIARTY
 Torrance County DV Program (505) 246-4780
RATON
 Alternatives to Violence (575) 445-5778
RESERVE
 Domestic Unity (575) 533-6796
RIO RANCHO
 Haven House (505) 896-4869
ROSWELL
 CASA Program (575) 625-0112
 The Roswell Refuge (575) 627-8361
HOPE (575) 625-6909
RUIDOSO
HEAL (575) 378-6378
 County Manager (575) 648-2385
COPE (575) 434-3622
SAN JUAN
 Peacekeepers DV Program (505) 753-4790
SANTA FE
 Esperanza (505) 474-5536
SHIPROCK
 Home for Women & Children (505) 368-5124
SILVER CITY
 El Refugio (575) 538-2125
SOCORRO
 El Puento (575) 835-0928
TAOS
 Community Against Violence (575) 758-8082
 Peace Keepers DV Program (505) 753-4790
TORC
 Domestic Abuse Intervention (575) 894-3557
ZUNI
 New Beginnings (505) 782-4600

**NEW MEXICO
 SECRETARY OF STATE
 CONFIDENTIAL
 ADDRESS
 PROGRAM**

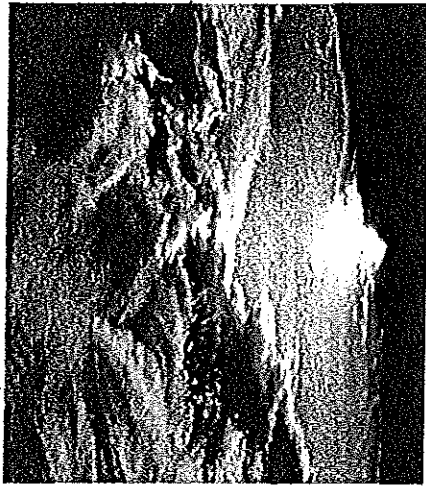


CONTACT INFORMATION

TELEPHONE:
 1-800-477-3632
FAX: 505-827-3611
E-MAIL: CAP.sos@state.nm.us
Mailing Address:
 Confidential Address Program
 PO Box 1888
 Santa Fe, NM 87504
Website: www.sos.state.nm.us



Information Brochure



Confidential Address Program

Peace of Mind...
 Freedom...
 Safety...

Dianna J. Duran
 New Mexico Secretary of State

On July 1, 2007, the Secretary of State began administering a new program in New Mexico, the Confidential Address Program (CAP). The CAP provides services to residents of New Mexico that are victims of domestic violence, sexual assault and stalking. Laws governing the CAP are in Statutory Chapter 40-13-11.

The program has two components. First, the CAP provides victims who have moved to a new location, unknown to their abuser, with a substitute address when interacting with state and local agencies. The second component of the program provides participants with a first-class mail forwarding service.

The CAP program allows the state to contribute to the safety of victims by denying abusers the opportunity to use public records as means to violate the rights of others.

The CAP is not for everyone. Recommendation for participation in the program is deferred to the experts in the field of domestic violence and sexual assault.

ELIGIBILITY

To be eligible for CAP, an individual must be:

- A victim of domestic violence, sexual assault, attempted sexual assault, stalking and/or who fears for his or her safety.
- A resident of New Mexico who has recently relocated to a place unknown to his or her abuser or is planning to move in the near future.

APPLYING FOR PARTICIPATION

Victims do not apply to the CAP. Application is made in person at one of the designated victim assistance programs located throughout the state. Designated programs are state or local agencies or non-profit agencies that provide counseling and shelter services to victims of domestic violence, sexual assault, attempted sexual assault or stalking and have CAP trained staff. A parent or guardian can apply to the program on behalf of a minor or incapacitated individual. The application process involves meeting with an application assistant. There is a one-time application fee of \$75.00. **Check or Money Order only.**

APPLICATION ASSISTANT

An application assistant is a domestic violence and sexual assault advocate who has received CAP training. The application assistant provides the victim with information about the program and determines whether CAP should be part of a victim's safety plan. In addition, the application assistant assists the victim in completing the application documents and forwards them to the CAP office for processing.

CERTIFICATION OF A PROGRAM PARTICIPANT

Upon receiving a properly completed application, the CAP will certify the applicant as a program participant. The certification is effective for three (3) years unless otherwise cancelled before the expiration date.

Upon certification, the participant is assigned a substitute address and issued a signature card identifying the individual as a CAP participant.

SUBSTITUTE ADDRESS

The substitute address assigned to participant has no relation to their actual address. The address may be used as the participant's residence, school and work address. The address is a post office box number and the same number is assigned to all participants.

SIGNATURE CARD

The CAP issues each participant a laminated signature card that identifies the individual as a program participant. The signature card includes the participant's name, date of birth (minor only), CAP number, state seal, substitute address, expiration date and signature. Cards issued to minors or incapacitated persons are signed by parent or guardian. In addition, the signature card contains the CAP toll-free telephone number should questions arise about the program or the valid use of the card. A CAP participant must present his or her card to state and local government agencies for the substitute address to be accepted.

SERVICE OF PROCESS

The Secretary of State's office serves as each participant's agent for service of process and for receipt of mail. Mail received at the substitute address is forwarded to the program participant. Participants agree to accept all mail forwarded to them by the CAP.

VOTER REGISTRATION

Participation in the program allows eligible voters to apply to vote as an absentee voter. The participant's Confidential private address will not appear on any list of registered voters made available to the public. After you become a participant and have received your signature card, you will need to register, in person, at the County Clerk's Office in your area if you wish to vote.

PUBLIC SCHOOLS

When a student presents his or her signature card, the school must accept the CAP substitute address. The student does not have to disclose his or her actual address. For new registering students, confirmation of school district's eligibility is handled by the CAP staff.

PROGRAM CANCELLATION

The Secretary of State may cancel a program participant's certification for any of the following reasons:

- Failure to notify the CAP of a change in address seven (7) days prior to moving.
- Mail forwarded by the CAP is returned undeliverable.
- Providing false or incorrect information on application to the CAP.
- Failure to notify the CAP of a name change within 48 hours.

CONFIDENTIALITY OF RECORDS

Program participant's records are confidential and cannot be released by CAP staff unless directed by a court of law. The fact that an individual is participating in the program, as well as the substitute address, is not confidential. All records are kept at the CAP office only.

ADVOCATE GROUPS NEW MEXICO AREA CODE 505 or 575

ALAMOGORDO C.O.P.E. Inc.	(575) 434-3622
ALBUQUERQUE Family Advocate Center	(505) 924-6073
Child Support Enforcement North	(505) 222-9932
Child Support Enforcement South	(505) 222-9458
Enlace Comunitario	(505) 246-8972
NM Flag	(505) 256-0417
NM Coalition Against DV	(505) 246-9240
PB&J Family Services	(505) 877-7060
SAFE House	(505) 247-4219
Rape Crisis Center	(505) 266-7711
Resources, Inc.	(505) 884-1241
ARTESIA Grammy's House	(575) 748-1198
BELEN Satellite: Los Lunas	(505) 565-3100
CARLSBAD Carlsbad Battered Family Shelter	(575) 885-4615
CHAMA NCCBS North Central	(575) 756-2327
CLOVIS Harley House	(575) 762-0050
Satellite: Tucuman	(575) 461-4208
Satellite: Portales	(575) 356-4720
CROWNPOINT Family Harmony Project	(505) 786-5622
DEMING The Healing House	(505) 546-6539
ESPANOLA Crisis Center of Northern NM	(505) 753-1656 1-800-206-1656

THE NETWORK Meeting
<http://www.thenetwork-dvsa.org>
Wednesday, Aug. 28, 2013
9:00 – 12:30

*Strengthen connections, learn new information and enjoy a complimentary lunch.
Bring a colleague, friend and/or co-worker.*

Meeting Logistics

- United Way of Central NM, 2340 Alamo SE, 2nd floor, Albuquerque, NM 87106. (505) 247-3671
- Facilitator: Anne Lightsey, arlightsey@gmail.com, 505 453 1174
- If a sign interpreter is requested, contact David River at david@nmcadv.org, 505-246-9240
- People with asthma, allergies, chemical sensitivities or other immune problems can experience serious symptoms when exposed to chemicals used in scented products. Please avoid using scented products before and during the meeting.

CEUs

- 1.5 hours of CEU credits for social workers who sign-in for CEU credit and are present for panel discussion (no fee)
- CEU credits if you attend via webinar and conference call **when** you contact Vicki Nakagawa prior to the meeting. Vicki.Nakagawa@state.nm.us

Conference Call and Webinar Attendance

- Webinar for visual/text chat: <https://www1.gotomeeting.com/join/577801329> Meeting ID: 577-801-329
- Conference call attendance: dial 1.800.920.7487 then enter code: 77866432#
- If you will attend via conference call or webinar, please notify Anne in advance at arlightsey@gmail.com

Welcome, Updates and Announcements

- 9:00-9:10 Welcome, introductions, short announcements
- 9:10-9:30 Agency Spotlight: Building Futures and Foundations, Julia Szendro, Project Coordinator
- 9:30-10:10 How to Protect Yourself On-line (tentative)
- 9:30-10:10 City of Albuquerque Human Rights Office, Gabriel Campo (tentative)
- 9:30-10:10 Tour of The NETWORK website and how to get your agency listed (tentative)
- 10:10-10:25 Confidential Address Program, Patricia Romero, Program Coordinator

Panel Discussion: 10:25 – 11:55 Stalking

In New Mexico, 1 in 4 adult women (or 20%) and 1 in 14 adult men (or 7%) have been stalked in their lifetime. The national averages are 12% of adult women and 4% of adult men. Stalking cases are challenging to handle, both legally and emotionally. Cases involving intimate partner stalking are difficult to hear because they involve the disintegration of a once seemingly healthy relationship. Equally difficult, and oftentimes puzzling, are cases where the victim and offender had little or no personal relationship predating the stalking. Statewide, 48% of stalking victims were sexually assaulted, 44% were injured, 16% sought medical treatment and 31% reported a weapon being used by the stalker. The targets of stalking behavior report approximately half of the incidents to law enforcement authorities. Why are these crimes underreported? How do we stop this behavior? How is stalking policed and prosecuted, and where's the line at which behavior is considered 'stalking'? Our distinguished panel will address such questions, and more.

Panelist:

- Julie Jessen, APD Detective, Stalking Unit
- Edna Sprague, DA, 2nd Judicial District
- Lisa Weisenfeld, NMCADV Policy Director

Panel Moderators: Kara Johnson, New Mexico Legal Aid

Lunch & Networking

11:55 – 12:25 Lunch and Networking

Next Meetings

Mark your calendars: Oct. 23, Dec. 11, Feb. 26, April 30, June 25. Network meetings are generally from 9:00 – 12:00 and lunch and networking for 30 min. after meeting

Meetings are (almost always) the last Wed of every even month, except December when it's the 2nd Wed.

Network Volunteer Leadership: Steering Committee

Pat Acosta La Casa Inc.	Eleana Butler, Sexual Assault Services of Northwest NM	Kara Johnson New Mexico Legal Aid
Jessica Lopez NM Rape Crisis Center	Liz Luevano Enlace Comunitario	Connie Monahan NM CSAP
Vicki Nakagawa Dept of Health	Adaline Nuanez-Baca 13 th Judicial DA's Office	Rosemary Traub NM Legal Aid
Carol White, Rio Rancho Public Schools		

NETWORK Mission

The NETWORK is working to end domestic and sexual violence in New Mexico. The NETWORK is an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations dedicated to strengthening policies, protocols and services to reduce the incidence of sexual assault and domestic violence in state and tribal communities. This mission will be accomplished through information and resource sharing; cross-training; identifying gaps, critical needs and/or duplications of services; fostering new partnerships; and collaborating on and supporting legislative efforts.

To add your agency to the NETWORK's website list of Collaborating Agencies, e-mail NETWORKDVSA@gmail.com

CAP..



NM..



Application Packet



Confidential Address Program

**Peace of Mind
Freedom
Safety**

Dianna J. Duran

New Mexico Secretary of State

Confidential Address Program

CAP

Program Summary

Confidential Address Program participants are granted the use of a fictitious mailing address, which is maintained by the Office of the Secretary of State. When victims enter into business relationships with state, city, and other agencies, the use of the fictitious address maintains the victim's confidentiality and relieves those agencies of the difficult and costly responsibilities of maintaining confidential records. In this way, CAP participants are at a reduced risk from being tracked using public records.

This confidential program is only one step in the victim's long-term, personal security strategy. Victims can receive help in developing their personal security strategy and finding resources and ideas at a domestic violence program in their area.

Participants receive first-class, certified, and registered mail forwarding and receipt of service of process through their substitute address. Acceptance of the address enables agencies to respond to requests for public records without disclosing the location of the victim.

Participants choose when to use the fictitious address, or their actual address with various agencies. We hope that you can use the fictitious address all the time, but this may not always be possible. When a CAP participant chooses to reveal their actual address, that agency is not legally obligated to keep that information confidential.

Participant retain for your records

Confidential Address Program *Frequently asked Questions*

Do I have to be a New Mexico resident?

Yes, or in the process of moving to New Mexico in the very near future.

Who is eligible?

Anyone who is a victim of domestic violence, sexual assault, attempted sexual assault, stalking and/or may fear for his or her safety or a family members safety may apply.

How does the Confidential Address Program work?

CAP participants are granted the use of a fictitious mailing address. When victim's enter into business relationships with state, city, and local agencies, the use of the fictitious address maintains the victims confidentiality. CAP participants benefit by significantly reducing the risk of being physically located through public records.

Is information released over the phone?

Information is never released over the phone or in person. Information will only be released by court order. The CAP will however, confirm participation of a participant in the program verbally after establishing the requesting agencies need to know of said information.

Can I still register to vote?

Yes, voter registration requests are deemed a permanent absentee ballot request. After becoming a participant in the program, and have received your signature card, you will need to register in person in the County Clerk's Office if you wish to vote.

How long can I be in the program?

The program has an expiration of three (3) years. When you are getting close to that time frame and are still in need of the program, please contact the CAP toll free at 1-800-477-3632

Confidential Address Program *Frequently Asked Questions*

What if there is a child custody issue?

That will need to be addressed at the judicial level; however, participants should make arrangements to meet at a secure, neutral pick up and drop off point (police department for example).

How do I apply?

Your program advocate may assist you in applying to the CAP. You can only apply through domestic violence/advocate groups, and some state offices, the New Mexico Secretary of States office for example.

To locate the nearest agency, please call the CAP toll free at 1-800-477-3632

How can my agency become involved?

Upon request, the Confidential Address Program's office may offer application packets to individual agencies or organizations. Please call our toll free number if you may be interested.

Let's make New Mexico a better and safer place to live for all.

P. O. Box 1888
Santa Fe, NM 87504
1-800-477-3632

Participant retain for your records

New Mexico Secretary of State
Confidential Address Program

Application Assistant Checklist

- Applicant must be a victim of domestic violence, sexual assault, attempted sexual assault, stalking and/or who fears for their safety, or safety of a family member.
 - Applicant should have two types of identification one to be a positive photo I.D.
 - Must be a legal resident of New Mexico, or in the process of moving to New Mexico in the very near future.
 - Applicant must bring police reports, court orders, restraining orders, or any other information to aid in the process.
 - **New Address: No duplicates of any Confidential Address Program (CAP) application paperwork are authorized for the protection of the participant.**
 - Contact numbers are mandatory.
 - The application is filled out in the presence of the Application Assistant.
 - Sign Application receipts; remember **Check or Money Order only**.
 - Application Assistants will mail the complete application, copies of I.D., police reports, court orders to CAP at P.O. Box 1888, Santa Fe, NM 87504.
-

Information for Assistant and Participant

- The signature card is valid for three (3) years, and the participant may renew if needed.
- Certain companies and agencies may not want to accept the CAP Substitute Address. In those cases, it will be the participant's responsibility to explore other options.
- When requesting telephone service, be certain to ask for an unlisted, unpublished number and obtain a password for account information.
- Be cautious when applying for credit, this may be public record.
- After you are a participant and have received your signature card, you will need to register in person at the County Clerk's Office in your area if you wish to vote.
- The Confidential Address Program (CAP) is only one step in the victim's long-term personal security strategy. Please be forever vigilant, and let us make New Mexico a better and safer place to live for all.
- Should you have any questions, please call 1-800-477-3632

Participant retain for your records

(4)

Confidential Address Program
P.O. Box 1888
Santa Fe, NM 87504

Dianna J. Duran
New Mexico Secretary of State
Confidential Address Program Application Packet

Packet Instructions

Attached are the forms for participating in the Confidential Address Program (CAP). The information provided on the application is for the use of the CAP and may only be disclosed pursuant to a court order, and to verify that the individual is in the program.

1. Primary Applicant Name: Print or type the full name and DOB of the individual applying for participation in the CAP.
2. Co-Applicant Name(s): Print or type the full name and DOB of children or other individuals under the guardianship of the primary applicant to which the applicant wishes to enroll in the CAP.
3. Mailing Address: Print or type the address the applicant wished the CAP to forward mail. If first line is a P.O. Box, include physical address on the second line.
4. Phone Number: Print or type a telephone number(s) where the CAP may reach the applicant. If the applicant does not have a telephone number, use a work number, friend or relatives number where the applicant may be contacted.
5. Sign and date the form: The Secretary of State (CAP) will not process an application form that has not been signed and dated by the applicant.
6. If any individual or representative of an agency assists in the completion of the application, the assistant must sign and date the application form. If the applicant receives no assistance, a witness must sign and date the application form.

Also attached is the Confidential Address Program Application Affirmation Form. In the presence of a Notary Public, this form should be completed, signed by the applicant, and then notarized. Participant and Assistant must sign checklist for the CAP Application and also the Application Receipt.

A Confidential Address Program Signature Card and instructions are also included in this application packet. Please follow the instructions and make sure to sign the card.

Please return the forms so that we may process your application.

Participant retain for your records

RETURN TO CAP

New Mexico Secretary of State
Confidential Address Program Application

Primary Applicant Name: _____
Last, First, Middle *Please print* *Date of Birth*

Co-Applicant Names: _____
Last, First, Middle *Please print* *Date of Birth* *Relationship*

Additional Names, use back of page if needed. _____
Please print *Date of Birth* *Relationship*

Mailing address where CAP will send the applicant's mail:

**** *Street* *City* *State* *Zip*

Street *City* *State* *Zip*

Current phone number where applicant can be reached by CAP: _____

Cellular Number _____

Emergency Contact Name and Number _____

Signature of Applicant or Parent/Guardian *Date*

Signature of Application Assistant/Witness *Date*

Print Name of Assistant/Witness *Agency* *Telephone*

**If first line is a P.O. Box, indicate physical address on second line.

RETURN TO CAP

New Mexico Secretary of State
Confidential Address Program Applicant Affirmation

Affirmation of Applicant:

I swear that I am (or the applicant for whom I am the parent/guardian is) a victim of abuse, sexual assault, or stalking and/or fear for (my/our) safety. I am a resident of the State of New Mexico and have recently relocated or am in the process of relocating to a place unknown to my abuser. I understand that knowingly providing false and incorrect information to the CAP may be punishable by law. In addition, the Secretary of State will cancel my certification in the CAP program. To my knowledge, the information on this application is true and accurate.

I hereby designate the Secretary of State as my agent for service of process and receipt of mail. I understand that moving from a confidential address or changing my mailing address without first notifying the Confidential Address Program may result in the cancellation of my participation in this program.

Signature of Applicant

Date

STATE OF NEW MEXICO)
) ss.
COUNTY OF)

Signed and sworn to and before me on _____, 20__ by _____.

Seal

Notary Public

My commission expires: _____

RETURN TO CAP

New Mexico Secretary of State
Confidential Address Program

Checklist for CAP Application:

- I am aware that my mail will go first to the CAP who will then forward it to me. This means it will take longer to receive my mail.
- I realize that the CAP forwards only 1st class mail, and therefore, does not forward such items as magazines, junk mail, periodicals, books, or packages.
- I understand the CAP authorization number is an important part of my address, and absence of this number will further delay CAP's ability to forward my mail.
- I agree to accept all mail sent to me from the CAP. Furthermore, the New Mexico Secretary of State is my designated agent for service of process and receipt of mail. I understand that the CAP's receipt of documents on my behalf constitutes my receipt of the documents and that I am legally responsible for all obligations contained in them.
- It is my responsibility to notify state and local government agencies that I am a CAP participant and present them with my signature card to receive address confidentiality.
- Private companies do not have to accept my CAP substitute address. In those cases, it will be my responsibility to explore other options.
- I understand that I may use the CAP substitute address as my residence, work, or school address.
- The CAP is prohibited by law from releasing my address to a third party unless directed by a court order. My participation in the program is not confidential and if asked, the program will verify my participation and that the CAP address is my legal mailing address.
- I will notify the CAP if my name, address, or telephone number changes.
- I agree to notify the CAP in writing if I no longer wish to participate in the program for any reason.
- I understand that I may be cancelled from the program for any of the following reasons:
 - Providing incorrect or false information on the CAP application.
 - Mail forwarded by the CAP to the address on the application that is undeliverable or returned.
 - Failure to notify the CAP of a name or telephone number change within 48 hours.
 - Failure to notify the CAP of a residential address change at least (7) seven days prior to moving.

All items on this checklist were discussed and/or explained to me by the Application Assistant.

Date _____

Signature of Applicant: _____

Application Assistant - Please print and sign: _____

Agency _____ Telephone _____

THIS FORM IS NOT TO BE DUPLICATED

RETURN TO CAI

**NEW MEXICO SECRETARY OF STATE
CONFIDENTIAL ADDRESS PROGRAM SIGNATURE CARD**

Primary participant, please sign/print your name on the enclosed signature card for each member of your family that you want in the CAP program. Each CAP participant must have their own card. This card will become your program authorization card and will be presented to state and local agencies to allow you to use the substitute address. **THIS FORM IS NOT TO BE DUPLICATED.**

If you are acting as a parent or guardian on behalf of a minor or incapacitated individual, please sign/print your name on the signature card, and print the name and DOB of minor or incapacitated person on additional participant line. (Third line).

DO NOT PUNCH OUT ANY CARD(S). RETURN ALL CARDS (SIGNED OR NOT) WITH YOUR APPLICATION SO THAT WE MAY ISSUE YOUR SIGNATURE CARD(S) AS SOON AS POSSIBLE.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

CONFIDENTIAL ADDRESS PROGRAM

Signature of primary participant or guardian

Printed name of primary participant or guardian

Print additional participant's name (and DOB if minor).

This person is an authorized participant in the New Mexico Confidential Address Program authorized by the Office of the Secretary of State. Expires; _____.

OFFICE USE ONLY

This program participant is authorized to use the following substitute address.

NAME _____

P.O. Box 1888
Santa Fe, NM 87504
CAP # _____

The above information MUST be on all correspondence. For Questions regarding the program authorization call 1-800-477-3632.

OFFICE USE ONLY

This program participant is authorized to use the following substitute address.

NAME _____

P.O. Box 1888
Santa Fe, NM 87504
CAP # _____

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The NETWORK - <http://www.thenetwork-dvsa.org>

OUR MISSION:

The NETWORK is working to end domestic and sexual violence in New Mexico. The NETWORK is an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations dedicated to strengthening policies, protocols and services to reduce the incidence of sexual assault and domestic violence in state and tribal communities. This mission will be accomplished through information and resource sharing; cross-training; identifying gaps, critical needs and/or duplications of services; fostering new partnerships; and collaborating on and supporting legislative efforts

To add your agency to the NETWORK's website list of Collaborating Agencies, e-mail NETWORKDVSA@gmail.com

UPCOMING PANEL TOPICS FROM THE NETWORK!

OCTOBER 23, 2013

- The Intersection of Interpersonal Violence and Animal Abuse

DECEMBER 11, 2013

- How Abusers use Social Networks and Technology to Abuse
 - A History of the NETWORK: from 1995 - Present
 - ***Legislative Update!***

FEBRUARY 26, 2014

- Using Humor to Heal Vicarious Trauma

APRIL 30, 2014

- Current Programs and Activities That Address Male Survivorship of DV and SA
- ***Legislative Wrap-Up Report!***

JUNE 25, 2014

- The Interplay Between Criminal and Civil Cases, and the Victim Impact

AUGUST 27, 2014

- How Victim Advocates can Support Law Enforcement

Meetings are held on the third Wednesday of every even Month (Second Wednesday in December) at the United Way of Central New Mexico, 2340 Alamo SE, 2nd Floor, Albuquerque, NM 87106.

..... Please join us!

