Instructions: Use this form if a voter has a disability or is unable to read or write English **and** requests assistance with voting or completing a provisional ballot application. Assistance is limited to: (1) reading the voter instructions, ballot content, or the provisional ballot application; and (2) marking or casting the ballot, operating the voting unit, or completing the provisional ballot application as directed by the voter.

application as all coted by the votor.		
Part I – Completed by Election Judge		
Printed Name of Voter		
Street Address		
City	_ State	Zip
The voter named above has requested as A person designated by the voter (General II – Completed by Person Designate	o to Part II) or □	
Printed Name:	•	
Street Address		
City	_ State	Zip
I affirm that:		
 I am not the voter's employer or age I am not an officer or agent of the v I have not been appointed as a cha For a voter casting a provisional ba The named voter asked me to assist provisional ballot application; I will assist the voter only by: (a) reapprovisional ballot application; or (b) completing the provisional ballot ap I will not attempt to influence or sugor question. 	oter's union; Illenger or watcher for allenger or watcher for the candidate of the candidat	or this election; idate who is on the voter's ballot; isting the ballot or in completing a instructions, ballot content, or the the ballot, operating the voting unit, o
Signature Part III – Completed by Election Judges	Assisting Voter	Date
Signature – Election Judge		Party Affiliation

Signature - Election Judge

Party Affiliation