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| **Warning: Intentionally making a materially false statement or entry on this form shall constitute the crime of election fraud, which is punishable under Virginia law as a Class 5 felony. Violators may be sentenced to up to 10 years in prison, or up to 12 months in jail and/or fined up to $2500.** | | | |
| OFFICER OF ELECTION | Precinct #/name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| A. REQUEST OF VOTER |  | | |
| I hereby affirm, subject to penalty of law, that I require assistance to vote my ballot by reason of either blindness, physical disability, or inability to read or write, or I need the ballot translated into another language. | | | |
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| I request that the person signing the agreement below in *Section B* enter the voting booth or voting machine enclosure to assist me or to vote my ballot in accordance with my instructions. | | | |
| Signature of voter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Required | | | |
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| B. AGREEMENT OF ASSISTANT | |  | |
| I hereby affirm, subject to penalty of law, that:   * I will vote this voter’s ballot as the voter instructs. * I will not solicit or attempt to influence how the voter votes. * I will not disclose or indicate how the voter votes on any office or question. * I am not serving in this polling place today as an authorized representative of a political party or candidate or as a neutral observer authorized by the electoral board. (See § 24.2-604 for additional information) * I am not the voter’s employer or agent of that employer, or an officer or agent of the voter’s union. (This provision does NOT apply if the voter is blind.) | | | |
| Signature of assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Required Required | | | |
| Residence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/state: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip: \_\_\_\_\_\_\_\_\_  Required Required Required | | | |
| C. IF VOTER ASKS OFFICER TO TRANSLATE BALLOT (AS ASSISTANT) | | | |
| See § 24.2-649(C) for additional information. Any party or candidate interpreter must sign below before observing. (Attach additional forms if necessary.)  I hereby affirm, subject to penalty of law, that:   * I will not solicit or attempt to influence how the voter votes. * I will not disclose or indicate how the voter votes on any office or question.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representing: \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representing: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| INSTRUCTIONS IF VOTER IS UNABLE TO SIGN OR MAKE THEIR MARK:  For a voter who is blind, the Officer of Election must:   Write on the *Signature of Voter* line (Section A), “blind voter” (A blind voter is NOT required to sign or make their mark);   Print the voter’s name on the line below the signature line (Section A); and   Have the assistant sign and complete Section B.  For a voter who is otherwise unable to sign, the assistant must:   Write on the *Signature of Voter* line (Section A): “voter unable to sign”;   Print the voter’s name on the line below the signature line (Section A); and   Sign and complete Section B. | | | |