

Specifications for: **INSTRUCTIONS - VOTING AN EMERGENCY ABSENTEE BALLOT**

Form SBE-705(2) REV 8/11

Must be printed in accordance with the following specifications and conditions:

PAPER: 60# light green offset

SIZE: 8-1/2 x 11"

INK: Black

PRINT: Front and back, head to head.

FOLDED: Fold in thirds with the caption:

COMMONWEALTH OF VIRGINIA

INSTRUCTIONS

VOTING AN EMERGENCY ABSENTEE BALLOT

on the outside [see sample attached].

ARTWORK: Attached.

PACKAGING: Must be shrinkwrapped in multiples of 100 with the caption side down so that the form number is visible through the shrinkwrap.

INSTRUCTIONS VOTING AN EMERGENCY ABSENTEE BALLOT

*The law requires that a witness must be present for Steps 3 through 8 listed herein.
Your designated representative **MUST** be your witness.*

BEFORE VOTING

1. **IF YOU DECIDE NOT TO VOTE BY ABSENTEE BALLOT**, do **NOT** open **Envelope A [BALLOT WITHIN]**. Return it **unopened** in the pre-addressed envelope to be received by the Secretary of the Electoral Board on or before election day.
2. When voting, do not open **Envelope A** until your *designated representative* is present.

VOTING THE BALLOT

3. Open **Envelope A** in the presence of your designated representative. Remove the ballot and mark it in the presence of your witness *without assistance and without letting the witness know how you vote*. If you are unable to vote without assistance, see Item 11.
4. Follow the instructions on your ballot for marking the name of each candidate or question response for which you want to vote. Leave all other choices blank. For each office, vote only for the number of candidates indicated.
5. Place your voted ballot in **Envelope B [BALLOT(S)]**, folding if needed. Place **ALL** of your ballots in **Envelope B [BALLOTS(S)]** and seal it. Do not put anything else in that envelope.
6. Fill in **ALL** the blank spaces in the **STATEMENT OF ABSENTEE VOTER** on **Envelope B**. Your ballots **WILL NOT BE COUNTED** if you fail to complete any blank. Sign and date the statement. If you are unable to sign, see Item 11.
7. Your *designated representative* also must sign at the bottom of the **STATEMENT OF ABSENTEE VOTER** on **Envelope B**; an **X** or mark is not acceptable.

**VOTING
THE BALLOT
[CONTINUED]**

8. Place **Envelope B** in the return envelope pre-addressed to the Secretary of the Electoral Board. Your *designated representative* **must deliver** this envelope **personally** to the Registrar's office. It must be received in that office before 7:00 p.m. on election day.

**LOST
BALLOT**

9. If you lose your ballot, immediately contact the General Registrar or the Secretary of the Electoral Board.

**SPOILED
BALLOT**

10. If you make an error in marking the ballot or if you accidentally damage it, and there is sufficient time to receive it before election day, you may request a new ballot. Have your *designated representative* return the ballot you received to the Registrar's office with a letter, signed by you, stating that the ballot being returned is spoiled and requesting a new ballot.

**ASSISTANCE
IN VOTING**

11. If you indicated on your application that you need assistance in voting your ballot, a **REQUEST FOR ASSISTANCE** form is enclosed. This form must be completed by the voter **and** by the person who assists the voter **BEFORE** assistance is provided. If upon receipt of this form assistance is **not needed**, you **must** complete **Section C**, sign and return the form. For blind voters, see Item 12.

Sign the *REQUEST OF VOTER* on the form. If you are unable to sign, the person assisting you must enter **APPLICANT CANNOT SIGN** and must print your name on the line provided. Have your assistant sign and print his/her full name and address in the *AGREEMENT OF ASSISTANT* section. Return the **REQUEST FOR ASSISTANCE** form in the envelope pre-addressed to the Secretary of the Electoral Board. Do **NOT** insert this form in **Envelope B** with your ballots.

**BLIND
VOTER**

12. **BEFORE** assisting a blind voter, the person providing the assistance must print the blind voter's full name and the words **"BLIND VOTER"** on the Signature of Voter line in the *REQUEST OF VOTER* section. The assistant must then sign and print his/her full name and address in the *AGREEMENT OF ASSISTANT* section. Return the form in the envelope pre-addressed to the Secretary of the Electoral Board. Do **NOT** insert this form in **Envelope B** with your ballots.