

REQUEST FOR ASSISTANCE In Voting An Absentee Ballot

SPECIFICATIONS FOR REQUEST FOR ASSISTANCE

SBE-649 REV 9/12

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

PAPER: 50 # white offset

SIZE: 8-1/2 x 11" and padded (across top edge of form) 50 forms per pad.

INK: Black

PRINT: Two sides. **TUMBLE HEAD** - [see attached sample] with **REQUEST FOR ASSISTANCE** form being front of form.

ARTWORK: **A PDF ARTWORK FILE IS ATTACHED.**

CHANGES: NO CHANGES ARE TO BE MADE.

LOGO: No manufacturer's logo is to be printed on forms.

PACKAGING: Shrinkwrap in multiples of 10 pads per package.

Commonwealth of Virginia
REQUEST FOR ASSISTANCE in Voting An Absentee Ballot
§§ 24.2-649, 24.2-704 of the Code of Virginia

INSTRUCTIONS FOR ABSENTEE VOTER AND ASSISTANT

This form is enclosed with the absentee ballot because the voter marked, on the application, the box indicating "I will need assistance in voting my ballot." The applicant's ballot will be counted only if either *Section A* or *B* below, as applicable, is completed and signed:

If assistance IS providedUse Sections A and B: Request of Voter *and* Agreement of Assistant

OR If assistance IS NOT requiredUse Section C: Cancellation of Request For Assistance

If the voter is blind or unable to sign due to a disability or inability to read or write, the Assistant must, In *Section A*, print the voter's name on the *Signature of Voter* line and note which applies by checking one of the boxes below that line.

Place this form with the **BALLOT(S) Envelope** in the envelope pre-addressed to the Electoral Board.

Section A - REQUEST OF VOTER

I hereby affirm, subject to penalty of law and in accordance with § 24.2-649 of the Code of Virginia, that:

- I require assistance to vote my absentee ballot by reason of blindness, disability or inability to read or write (or need the ballot translated into another language).
- I request that the person signing the agreement below assist me in the preparation of my ballot.

Printed Name of Voter: _____

Signature of Voter: _____ Date: _____

If voter is unable to sign, check one box: Voter is blind [ASSISTANT MUST PRINT VOTER'S NAME ABOVE]
OR Voter is unable to sign due to another disability or an inability to read or write

Section B - AGREEMENT OF ASSISTANT

I hereby affirm, subject to penalty of law and in accordance with § 24.2-649 of the Code of Virginia, that:

- I will vote the 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 the voter's employer or agent of that employer, or an officer or agent of the voter's union. (Does not apply if voter is blind.)

Signature of Assistant: _____

Residential Address: _____ City/Town/State: _____

Section C - CANCELLATION OF REQUEST FOR ASSISTANCE

I hereby affirm, subject to penalty of law, that I did **NOT** require or receive assistance in voting my absentee ballot.

Signature of Voter: _____

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. Knowingly violating the absentee voting procedures prescribed in § 24.2-649 and Chapter 7 (§ 24.2-700 et seq.) is also punishable as a Class 5 felony. Attempting to vote by fraudulently signing the name of a qualified voter is punishable as a Class 4 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. You also lose your right to vote.