



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: _____

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.

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

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: _____

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.