

# Virginia Request for Assistance with Voting an Absentee Ballot

Authority: §§ 24.2-704 and 24.2-707 of the Code of Virginia

## Instructions

<b>Why did you receive this form?</b>	You marked on your absentee ballot application that you would need help completing your absentee ballot.
<b>Did you receive help?</b>	<ul style="list-style-type: none"><li>• Yes, I had or will have help. – Complete this form and return it with your voted absentee ballot. You <b>must</b> put this completed form in the <b>larger outer return envelope</b>.</li><li>• No, I did not have help. – This form is not needed. You do not need to return it.</li></ul>

## Voter (I had or will have help completing my absentee ballot)

<b>Voter's Name:</b>	_____	
	Last Name	First Name
	_____	_____
	Middle Name	Suffix
	_____	_____
<b>Voter's Affirmation:</b>	<ul style="list-style-type: none"><li>• I require assistance completing my absentee ballot because I am blind, disabled, or unable to read or write English.</li><li>• I want the person listed in Section B below to help me complete my absentee ballot.</li><li>• I will put this completed form in the larger outer return envelope.</li></ul>	
<b>Voter Sign Here:</b>	<b>X</b> _____	_____/_____/_____
	Voter Signature	Date
<b>What if I can't sign my name?</b>	The <b>Assistant</b> must write on the signature line: <ul style="list-style-type: none"><li>• "Blind Voter" if the voter is blind.</li><li>• "Voter Unable to Sign" if the voter is otherwise disabled or can't read or write English.</li></ul>	

## Assistant (the person who is helping the voter)

<b>Assistant's Name:</b>	_____	
	Last Name	First Name
	_____	_____
	Middle Name	Suffix
	_____	_____
<b>Assistant's Address:</b>	Address _____	
	City	State
	_____	_____ _____ _____ _____
		Zip Code
<b>Assistant's Affirmation:</b>	<ul style="list-style-type: none"><li>• I will fill out the voter's absentee ballot as the voter instructs.</li><li>• I will not solicit or attempt to influence how the voter votes.</li><li>• I will not disclose or indicate how the voter votes on any office or issue.</li><li>• I am not the voter's employer or an agent of that employer, or an officer or agent of the voter's union. (Does not apply if voter is blind.)</li><li>• I will make sure this completed form is put in the larger outer return envelope.</li></ul>	
<b>Assistant Sign Here:</b>	<b>X</b> _____	_____/_____/_____
	Assistant Signature	Date

**WARNING:** Intentionally voting more than once in an election or making a materially false statement on this form constitutes the crime of election fraud, which is punishable under Virginia Law as a felony. Violators may be sentenced to up to 10 years in prison, or up to 12 months in jail and/or fined up to \$2,500.