STATE OF WEST VIRGINIA

Precinct # ____

Application for Voting an Emergency Absent Voter's Ballot
According to the Provision of W.Va. Code §3-3-5c

Name: _____ Date: _____

Residence Address: _____

_____

County of Residence: _____

Political Party Affiliation: _____ Date of Birth: _____

Reason for Requesting an Emergency Absentee Ballot: (check one box)

☐ **A.** I am confined in a hospital or other health care facility within my county of residence or other authorized area on election day;

Name of Attending Physician: _____

Physical Address of Place of Confinement: _____

_____

Reason for Confinement: _____

☐ **B.** I have resided for less than 30 days in a nursing home within my county of residence and am unable to vote in person (provided the county commission has adopted a policy extending emergency absentee voting procedures to such situation).

☐ **C.** I have become confined, on or after the seventh day preceding an election, to a specific location within the county because of illness, injury, physical disability, immobility due to advanced age, or another medical reason (provided the county commission has adopted a policy extending emergency absentee voting procedures to such situation; if required by county policy, a licensed physician, physician's assistant, or advanced practice registered nurse must sign to confirm you meet this criteria on page 2 of this form).

☐ **D.** I am working as a replacement poll worker and I am assigned to a precinct out of my voting district, and the assignment was made after the period for early voting in person.

Knowing that I can be fined up to $1000 or imprisoned in the county jail for up to one year or both such fine and imprisonment for knowingly making a false statement or representation herein, as provided in Section three, Article nine, Chapter three of the Code of West Virginia, I do hereby certify that the statements and declarations contained in this application are true and correct to the best of my knowledge and belief.

_____ _____

Signature/Mark of Voter (if mark, witness must sign this form) Signature of witness to voter's mark (if needed)

_____

Reason for assistance, if needed

Oath of Voter's Assistant: I, a person giving assistance to a voter and signing below, hereby swear or affirm that: I will not in any manner request, persuade or induce the voter I am assisting into voting for someone other than the candidate of the voter's choice; and I will not keep or make any memorandum or entry of anything, directly or indirectly, nor reveal to any person the name of any candidate or issue voted for by the voter or which ticket he or she voted except when required pursuant to law to give testimony as to the matter in a judicial proceeding.

_____

Signature of person assisting voter

CONFIRMATION OF ELIGIBILITY

If required by county policy, voters who apply to vote emergency absentee due to confinement to a specific location (option C on page 1) must submit the confirmation below from a licensed physician, physician's assistant, or advanced practice registered nurse complete the confirmation below. (W. Va. Code §3-3-1)

Name:_____

I am a:

☐ Physician

☐ Physician's assistant

☐ Advanced Practice Registered Nurse

I hereby confirm that _____ has become confined, on or after the
Name of Voter

seventh day preceding an election, to a specific location within the county because of:

☐ Illness

☐ Injury

☐ Physical disability

☐ Immobility due to advanced age

☐ Other medical reason

_____
Signature of licensed physician, physician's assistant, or advanced practice registered nurse

DECLARATION OF EMERGENCY ABSENTEE BALLOT COMMISSIONERS

WV Code §3-3-5c(f)

We, _____and _____, hereby declare that we are the duly appointed emergency absent voter's ballot commissioners; that we received this application at _____ on the _____ day of _____, _____, and have met the applicant, whose name appears on the application (page 1), at his/her place of confinement on the_____ day of _____,_____, the date of the election.

We have determined that the applicant has been confined since _____because of (should there be a line)

_____

Reason for Voting Emergency Absentee Ballot

We swear under oath that the ballot was voted by no one other than the absent voter him/herself.

_____ _____

Emergency Absentee Ballot Commissioner's signature Emergency Absentee Ballot Commissioner's signature

_____ _____

Date Date

(Voter or individual assisting voter must complete page 1, the Application for Voting an Emergency Absent Voter's Ballot.")

Please Note: A voter who votes an absentee ballot is not permitted to vote in person at the polls on Election Day. (WV Code §3-3-9)