



STATE OF INDIANA, COUNTY OF

## CHALLENGE AFFIDAVIT OF A VOTER BY A CHALLENGER OR MEMBER OF THE PRECINCT ELECTION BOARD / AFFIDAVIT OF A CHALLENGED VOTER

State Form 42132 (R14 / 3-22) Indiana Election Division (IC 3-11-8-21; 3-11-8-23.5; 3-11.5-4-13.5; 3-11.5-4-13.6)

Is this an absentee ballot? ☐ Yes ☐ No

**INSTRUCTIONS:** After the challenger completes this side of the form, the challenged voter may complete the second page of this form. If the challenged voter does so, the challenged voter is entitled to cast a provisional ballot. Do not use this form to challenge a voter at a primary election due to the voter's party affiliation. Use PRE-6 form instead. **NOTE: THIS FORM MUST BE PRINTED DIRECTLY ON THE PRO-2 PROVISIONAL BALLOT SECURITY ENVELOPE.** 

GENERAL INFORMATION					
I, the undersigned, believe that	, now offering to vote, is not a legal voter in this precinct, for the following reason(s):  (Insert name of voter.)				
Voter Eligibility – Fail Safe Procedures  1. □ This voter's name is not included on the poll list, and is NOT entitled to vote by using a "Fail Safe" procedure.  2. □ This voter's name is included on the poll list, but this voter does not currently reside in the precinct, and is NOT entitled to vote in this precinct by completing a VRG-4/12 form or a VRG-15 form, or other "Fail Safe" procedure.					
Voter Identification  3. This voter was unable or declined to present proof of identification when required by law to do so.  4. This voter is identified on the poll list as required to present an additional document that confirms the voter's identity and current residence address, but has not done so.					
_	Voter Eligibility - General Requirements				
<ul> <li>This voter is not a U.S. citizen.</li> <li>This voter will not be eighteen (18) years of age or older at the general election.</li> <li>This voter's signature on the election day poll list does not match the signature on the voter's registration record.</li> <li>This voter's signature on the absentee ballot security envelope affidavit is missing or does not match the signature on the voter's absentee ballot application, electronic poll book, or registration record maintained in the statewide voter registration system.</li> <li>Other</li></ul>					
(Insert specific reason for challenging voter.)					
l obtained the information from(Insert name of person(s) supplying information for challenge.)					
CHALLENGER AFFIRMATION  I swear (or affirm) that the foregoing statements are true, to the best of my knowledge and belief, and understand that making a false statement on this affidavit is punishable under the penalties of perjury.					
Signature of challenger	or my knowledge and beller, and understand that making a raise s  Printed name	If serving as precinct officer:			
		☐ Inspector ☐ Judge ☐ Poll Clerk			
Precinct	Township or ward	City or town			
	AFFIRMATION OF AFFIDAVIT				
STATE OF					
	AFFIDAVIT OF A CHALLENGED VOTER				
STATE OF INDIANA, COUNTY OF					
I, the undersigned, state the following:  1. that I am a citizen of the United States.  2. that my date of birth is / (mm/dd/yy) to the best of my information and belief.  3. that I have been a bona fide resident of this precinct for thirty (30) days immediately before this election or I am qualified to vote in this precinct under IC 3-10-10, IC 3-10-11, or IC 3-10-12.  4. that I am generally known by the name in which I desire to vote, which is					
CHALLENGED VOTER AFFIRMATION  I swear (or affirm) that the foregoing statements are true, to the best of my knowledge and belief, and understand that making a false statement on this affidavit is punishable under the penalties of perjury.					
Signature of challenged voter Printed name  Printed name					
Precinct	Township or ward	City or town			
<u>'</u>	AFFIRMATION OF AFFIDAVIT				
STATE OF					

## TO THE VOTER

## READ CAREFULLY AND FOLLOW THE INSTRUCTIONS BELOW.

STATE OF INDIANA	4	)				
COUNTY OF )						
I, (Print your name and	d address below.)					
Name of Voter:						
Residence Address of	Voter (number and stre	et, city, state, and ZIP	code):			
Telephone number <i>(op</i>	otional): ()					
have cast the enclosed	d provisional ballot at Pı	recinct Name:				
at the (select one)	☐ PRIMARY	GENERAL	☐ MUNICIPAL	☐ SPECIAL ELECTION		
		to be held o	n:			
		(Insert date (mm/dd/yy)	of election.)			
Signature of voter		Date signe	Date signed (mm/dd/yy)			
	CO	OUNTY ELECTION BO	ARD FINDINGS			
NOTE: Absentee voi voter's response to th		aveling board do not co	mplete PRO-2 because th	he application serves as the		
The enclosed provision	onal ballot is determined	d to be:				
☐ Valid						
☐ Invalid due to the	following reason:					
	pe may not be opened, a	·	be counted.			
_		C	County Election Board			

**TO THE PROVISIONAL BALLOT COUNTERS:** After the ballot has been found valid by the county election board, open this envelope carefully. Do not deface or destroy the affidavit or the envelope. Take out the ballot enclosed for processing. If the ballot does not contain the initials of the poll clerks, the ballot shall, without being unfolded to disclose how the ballot is marked, be endorsed with the word "Rejected" and enclosed in State Form PRO-7 envelope.