



AFFIDAVIT TO CHALLENGE A PERSON/AFFIDAVIT OF A PERSON CHALLENGED (PRE-6) AT A PRIMARY ELECTION DUE TO PARTY AFFILIATION

State Form 42130 (R9 / 7-25)

Indiana Election Commission (IC 3-10-1-9)

INSTRUCTIONS: A voter of any precinct in the county may challenge a person on the grounds of party affiliation, but the challenger must be a member of the **same political party** for whose candidates a person is now offering to vote at a primary election. The challenged person may not vote unless the challenged person: (1) is a registered voter in that precinct or is otherwise qualified to vote in the precinct; and (2) completes the affidavit on the reverse side of this form. If the challenged voter completes the reverse side of this form, the challenged voter is entitled to cast an official ballot of that political party in the primary election. Do not give the voter a provisional ballot in this case.

STATE OF INDIANA)

COUNTY OF _____)

GENERAL INFORMATION

I, the undersigned, am a member of the (*check one*) ☐ Democratic Party **OR** ☐ Republican Party

and believe that _____,
(*Insert name of voter*)

now offering to vote in the primary of the party of which I am a member, is not a legal voter in this primary, for the following reasons: (*check one box*)

- ☐ I believe that this voter, at the last general election, did not vote for a majority of the regular nominees of the party of which I am a member; **OR**
- ☐ I believe that this voter did not vote at the last general election and does not intend to vote at the next election for a majority of the regular nominees of the party of which I am a member.

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		Printed Name	
Precinct	Township or Ward	City or Town	

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public or Other Official Administering Oath, including Election Day precinct election officers

Printed Name and Title

My Commission expires (*applies only to Notary Public*): _____

County of Residence: _____

AFFIDAVIT OF A CHALLENGED VOTER

INSTRUCTIONS: When completed, put this form in the PRE-13 Envelope for Affidavits.

STATE OF INDIANA)
COUNTY OF _____)

GENERAL INFORMATION

I, the undersigned, state the following:

1. that I am duly registered and a qualified voter of this precinct (or I have executed a Request for Transfer Affidavit (VRG-4/12 form) because I qualify for a fail-safe provision under IC 3-10-11 or IC 3-10-12).
2. that my present residence address is _____.
3. that either:
 - A. At the last general election, I voted for a majority of the regular nominees of the (check one)
☐ Democratic Party **OR** ☐ Republican Party at the next election; **OR**
 - B. I did not vote at the last general election, but I intend to vote at the next election for a majority of the regular nominees of the (check one) ☐ Democratic Party **OR** ☐ Republican Party.

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	
Precinct	Township or Ward	City or Town	

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public or Other Official Administering Oath, including Election Day precinct election officers

Printed Name and Title

My Commission expires (applies only to Notary Public): _____ County of Residence: _____