



# AFFIDAVITS OF VOTER ASSISTANCE

State Form 28192 (R9 / 11-15)  
Indiana Election Division (IC 3-11-9-2, 3-11-9-3)

(PRE-3)

**INSTRUCTIONS:** Complete PART A or PART B – **NOT BOTH**. Return completed form in PRE-15 envelope.

PART A		AFFIDAVIT OF PERSON DESIGNATED TO ASSIST A VOTER	
A	<b>INSTRUCTIONS:</b>	1. This affidavit must be completed BEFORE the voter enters the voting booth at the polls or to cast an absentee ballot.	
A		2. The person who has been designated by a voter to assist the voter in the voting booth because of a disability ( <i>or the voter's inability to read or write English</i> ) must sign the affidavit.	
A		3. The voter may designate a person of voter's choice, other than the voter's employer, an officer of the voter's union, or an agent of the voter's employer or union.	
A		4. The precinct election board will keep this affidavit and return it with the other election supplies at the end of the day.	
A		State of Indiana, _____ County:	
A		I, the undersigned, affirm that to the best of my knowledge, the voter, _____, whom I assist in voting: (Name of Voter)	
A		1. Is a voter with a disability as defined in IC 3-5-2-50.2 ( <i>or is unable to read or write English</i> ); and	
A		2. Has requested my assistance in voting at this election.	
A		<b>NOTE:</b> This must be subscribed and sworn to before a person authorized to administer oaths within Indiana, such as the precinct inspector.	
A		Signature of Person Assisting Voter	Printed Name of Person Assisting Voter
A	Subscribed and sworn to before me, this _____ day of _____, 20_____.		
A	Signature of Person Administering Oath	Title	
PART A		IF THIS SECTION HAS BEEN FILLED OUT, DO <b><u>NOT</u></b> FILL OUT PART B.	

PART B		AFFIDAVIT OF THE TWO JUDGES ASSISTING A VOTER	
B	<b>INSTRUCTIONS:</b>	1. This affidavit must be completed and signed by the two (2) election judges BEFORE the voter enters the voting booth at the polls.	
B		2. The judges may assist any voter in marking the voter's ballot if the voter does not wish to designate a person of the voter's choice to assist the voter.	
B		3. Only those voters who require assistance because of a disability ( <i>or the voter's inability to read or write English</i> ) may be assisted by the judges in the voting booth.	
B		4. The precinct election board will keep this affidavit and return it with the other election supplies at the end of the day.	
B		State of Indiana, _____ County:	
B		I, the undersigned, affirm that to the best of my knowledge, the voter, _____, whom I assist in voting: (Name of Voter)	
B		1. Is a voter with a disability as defined in IC 3-5-2-50.2 ( <i>or is unable to read or write English</i> );	
B		2. Has requested my assistance in voting at this election; and	
B		3. Does not wish to designate a person to assist the voter in voting under IC 3-11-9-2.	
B		<b>NOTE:</b> This must be subscribed and sworn to before a person authorized to administer oaths within Indiana, such as the precinct inspector.	
B	Signature of Judge	Printed Name of Judge	
B	Signature of Judge	Printed Name of Judge	
B	Subscribed and sworn to before me, this _____ day of _____, 20_____.		
B	Signature of Person Administering Oath	Title	
PART B		IF THIS SECTION HAS BEEN FILLED OUT, DO <b><u>NOT</u></b> FILL OUT PART A.	