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

State Form 42132 (R11/7-14)
Indiana Election Commission (IC 3-11-8-21; 3-11-8-23.5)

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.

STATE OF INDIANA, COUNTY OF ________________________________

GENERAL INFORMATION

I, the undersigned, believe that ____________________________________________________________ ______________, now offering to vote, is not a legal voter in this precinct, for the following reason(s):

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

5. ☐ This voter is not a U.S. citizen.

6. ☐ This voter will not be 18 years of age or older at the general election.

7. ☐ This voter’s signature on the poll list does not match the signature on the voter’s registration record.

8. ☐ Other ____________________________________________________________

(Insert specific reason for challenging voter)

I 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 Printed Name

If serving as a precinct officer:

☐ Inspector ☐ Judge

☐ Poll Clerk

Precinct Township or Ward City or Town

AFFIRMATION OF AFFIDAVIT

STATE OF ________________________________ )
COUNTY OF ________________________________ ) SS:

I swear (or affirm) that the above challenge affidavit of a voter was subscribed and sworn to before me this _____ day of ________________, 20__.

Signature of Official Administering Oath (Inspector, Judge, Poll Clerk, Sheriff, or Absentee Board Member Other than Challenger above) Printed Name and Title
AFFIDAVIT OF A CHALLENGED VOTER

INSTRUCTIONS: When completed, attach this form to the voter’s provisional ballot secrecy envelope (PRO-2), and put this form in the Provisional ballot outer envelope (PRO-4).

STATE OF INDIANA, COUNTY OF ________________________________

GENERAL INFORMATION

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 _____________________________________________

5. that I have not voted and will not vote in any other precinct in this election.

6. that my present residence address is _________________________________________________________________________
   (and, if applicable, my residence address thirty (30) days before this election was at: __________________________) I moved to my residence address in this precinct on the following date: _________/________/________ (mm/dd/yy)

7. that, if applicable, if I was challenged under boxes 3 or 4 on the Affidavit of a Voter By a Challenger portion of this form, I did present proof of identification or additional documentation that complied with IC 3-5-2-40.5 or IC 3-7-33-4.5.

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

AFFIRMATION OF AFFIDAVIT

STATE OF ________________________________
COUNTY OF ________________________________
I swear (or affirm) that the above challenge affidavit of a voter was subscribed and sworn to before me this ____ day of ________________, 20__.

Signature of Official Administering Oath (Inspector, Judge, Poll Clerk, Sheriff, or Absentee Board Member Other than Challenger above)
Printed Name and Title