

Name of Form:

Application for Emergency Early Voting Ballot Due to Sickness or Physical Disability.

Section Reference:

Section 102.002, Texas Election Code.

Purpose:

To allow a voter who, because of sickness or physical disability originating on or after the day before the last day to submit an application for ballot by mail, will be unable to attend the polling place on election day, to vote early under this procedure.

Number of Copies Required:

One.

Completed by:

The Voter and Physician.

Filing Date:

On or after the 3rd day before election and no later than 5:00 p.m. on election day.

Filed with:

Early Voting Clerk.

Comments:

- 1. See Section 102.003(c) for eligibility requirements of an applicant's representative.**
- 2. The same representative who delivered application must also deliver carrier envelope.**
- 3. The deadline for returning a marked ballot is 7:00 p.m. on election day.**
- 4. The early voting clerk enters the representative's name and residence address on a returned carrier envelope and secures representative's signature on the carrier envelope.**
- 5. The voting of a late ballot under this procedure is in the same manner as an early voting ballot by mail.**

Current form is 3/07.

APPLICATION FOR EMERGENCY EARLY VOTING BALLOT DUE TO SICKNESS OR PHYSICAL DISABILITY
(SOLICITUD DE EMERGENCIA PARA UNA BOLETA PARA VOTAR A CAUSA DE UNA ENFERMEDAD O INCAPACIDAD FISICA)

Name and Residence Address where registered to vote <i>(Nombre y Dirección de Residencia de inscripción como votante)</i>		
Date of Election <i>(Fecha de la Elección)</i>	Type of Election <i>(Tipo de Elección)</i>	Authority Conducting Election <i>(Autoridad Administrando la Elección)</i>
Voter Registration VUID* (if known) <i>(Núm. De VUID de Registro (si lo sabe))</i>	County Election Precinct No. (if known) <i>(Núm. De Precinto del Condad (si lo sabe))</i>	Party Preference (Primary Only) <i>(Preferencia de Partido (solamente en Elecciones Primarias))</i>

Because of a sickness or physical condition which originated on or after the day before the last day to submit an application for ballot by mail for the above election date, I am unable to attend the polls. *(A causa de una enfermedad o condición física que originó en o después del ultimo día designado para someter una solicitud para una boleta que se votará por correo para la fecha de elección designada arriba, no podré presentarme en el sitio de votación.)*

“I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME.” *(YO CERTIFICO QUE LA INFORMACION QUE DOY EN ESTA SOLICITUD ES VERDADERA, Y COMPRENDO QUE ES UN CRIMEN DAR INFORMACION FALSA SOBRE ESTA SOLICITUD.)*”

 Signature of Voter *(Firma del Votante)*

FOR WITNESS: Applicant, if unable to sign, shall make mark in presence of witness. If applicant is unable to make his/her mark, the witness shall check here.
(PARA EL TESTIGO: Si el solicitante no puede firmar, hará una marca ante el testigo. Si el solicitante es incapaz de hacer una marca, el testigo deberá marcar aquí.)

Signature of Witness
(Firma del Testigo)
 Print Full Name of Witness
(Escriba el Nombre Completo del Testigo en Letra de Molde)
 Residence Address of Witness
(Dirección de Residencia del Testigo)

Relationship to Applicant (circle one): father, mother, husband, wife, child, brother, sister, grandmother, grandfather, unrelated.
(Parentesco al solicitante (haga un círculo): padre o madre, esposo(a), hijo(a), hermano(a), abuelo(a), ningún parentesco.)

NOTE TO WITNESS: In any single election, it is a Class B misdemeanor for any person other than the early voting clerk or a deputy early voting clerk to sign as a witness to the application for an early ballot for more than one applicant. However, a person may sign more than one application as a witness if the second and subsequent applicants are related to the witness as parent, spouse, child, grandparent, sibling.
(NOTA AL TESTIGO: En cualquier elección, es un delito menor de la clase B que alguna persona además del secretario para la votación adelantada o un subsecretario para la votación adelantada firma como testigo la solicitud para una boleta para votar adelantada para más de un solicitante. Como quiera que sea, una persona podrá firmar como testigo más de una solicitud si el segundo solicitante y los solicitantes subsiguientes están emparentados con el testigo como padre o madre, esposo(a), hijo(a), abuelo(a), o hermano(a).)

PHYSICIAN'S CERTIFICATE (CERTIFICADO DEL MEDICO)

This is to certify that I know that _____ has a sickness or physical condition that will prevent him/her from appearing at the polling place for an election to be held on the _____ day of _____, 20 _____, without a likelihood of needing personal assistance or of injuring his/her health and that the sickness or physical condition originated on or after _____.
 (date)

(Esto certifica que sé que _____ tiene una enfermedad o condición física que lo/la hará incapaz de presentarse en el sitio de votación para una elección que se llevará a cabo el día _____ de _____, 20 _____, sin la posibilidad de necesitar ayuda o de dañar su salud, y que la enfermedad o condición física originó en o después del _____.)
 (fecha)

Witness my hand at _____, Texas, this _____ day of _____, 20 _____.
(Atestigüe mi firma en _____ Texas, este día _____ de _____)

FOR OFFICIAL USE ONLY
Name of Representative
Address of Representative
Representative's Signature
Date of Birth

 Signature of duly licensed physician chiropractor, or accredited Christian Science practitioner
(Firma de un medico debidamente licenciado, un quiropráctico, o un práctico acreditado de la ciencia cristiana)