2013 -- H 5568 SUBSTITUTE A

LC01184/SUB A

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

AN ACT

RELATING TO ELECTIONS -- MAIL BALLOTS

Introduced By: Representatives Abney, Martin, Kazarian, Casey, and Phillips Date Introduced: February 14, 2013

Referred To: House Judiciary

It is enacted by the General Assembly as follows:

- SECTION 1. Section 17-20-13.1 of the General Laws in Chapter 17-20 entitled "Mail
 Ballots" is hereby amended to read as follows:
- <u>17-20-13.1. Form of emergency mail ballot application. --</u> The emergency mail ballot
 application to be subscribed by the voters before receiving a mail ballot shall, in addition to any
 directions that may be printed, stamped, or written on the application by authority of the secretary
 of state, be in substantially the following form:
- 7 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS EMERGENCY
- 8 APPLICATION OF VOTER FOR BALLOT FOR ELECTION ON_____
- 9 (COMPLETE HIGHLIGHTED SECTIONS)
- 10 NOTE THIS APPLICATION MUST BE RECEIVED BY THE BOARD OF CANVASSERS
- 11 OF YOUR CITY OR TOWN NOT LATER THAN 4:00 P.M. ON_____
- 12 BOX A (PRINT OR TYPE)
- 13 NAME
- 14 VOTING ADDRESS
- 15 CITY/TOWN STATE <u>RI</u> ZIP CODE_____
- 16 DATE OF BIRTH

- 17 BOX B (PRINT OR TYPE)
- 18 NAME OF INSTITUTION (IF APPLICABLE)
- 19 ADDRESS

1 ADDRESS

STATE____ ZIP CODE____ 2 CITY/TOWN 3 **BOX C (PRINT OR TYPE)** 4 I CERTIFY THAT I AM ELIGIBLE FOR A MAIL BALLOT ON THE FOLLOWING BASIS: 5 (CHECK ONE ONLY) () 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls 6 7 because of illness, mental or physical disability, blindness or a serious impairment of mobility. If 8 not voting ballot at local board, ballot will be mailed to the address in BOX A above or to the 9 Rhode Island address provided in BOX B above. If the ballot is to be delivered by the local board 10 of canvassers to a person presenting written authorization to pick up the ballot, complete BOX A 11 above and fill in the person's name below. 12 I hereby authorize _____ to pick up my ballot at my 13 local board of canvassers. 14 () 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar 15 institution within the State of Rhode Island. Provide the name and address of the facility where 16 you are residing in BOX B above. 17 () 3. I am employed or in service intimately connected with military operations or because I am 18 a spouse or dependent of such person, or I am a United States citizen who will be outside the 19 United States. If not voting ballot at local board, provide address in BOX B above. 20 () 4. I may not be able to vote at the polling place in my city or town on the day of the election. 21 If the ballot is not being mailed to your voter registration address (BOX A above) please provide 22 the address within the United States where you are temporarily residing in BOX B above. If you 23 request that your ballot be sent to your local board of canvassers please indicate so in BOX B 24 above. _____ to pick up my ballot at my 25 I hereby authorize 26 local board of canvassers. 27 Under the pains and penalty of perjury, I certify that on account of the following circumstances 28 manifested twenty (20) days or less prior to the election for which I make this application. I will

29 be unable to vote at the polls.

30 BOX D OATH OF VOTER

I declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I further state that I am not a qualified voter of any other city or town or state and have not claimed and do not intend to claim the right to vote in any other city or town or state. If unable to sign name because of physical incapacity or otherwise, applicant shall make his or her 1 mark "X".

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- 2 SIGNATURE IN FULL____
- 3 Please note: A Power of Attorney signature is not valid in Rhode Island.

SECTION 2. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO ELECTIONS -- MAIL BALLOTS

1 This act would eliminate the requirement that a voter certify that the reason he or she has

2 applied for an emergency mail ballot manifested itself twenty (20) days or less prior to the

3 election.

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This act takes effect upon passage.

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