

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 83rd General Assembly  
3 Regular Session, 2001  
4

# A Bill

Act 1379 of 2001  
HOUSE BILL 1662

5 By: Representative White  
6  
7

## For An Act To Be Entitled

9 AN ACT TO AMEND ARKANSAS CODE 7-5-409 CONCERNING  
10 ABSENTEE VOTING MATERIALS; AND FOR OTHER PURPOSES.

### Subtitle

12 TO AMEND ARKANSAS CODE 7-5-409  
13 CONCERNING ABSENTEE VOTING MATERIALS.  
14  
15  
16

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

18  
19 SECTION 1. Arkansas Code 7-5-409(b) is amended to read as follows:

20 (b) If the applicant is registered or is otherwise eligible to vote  
21 absentee, the county clerk shall deliver or mail to the applicant or deliver  
22 pursuant to subsections (d)-(f) of this section to the person who delivers  
23 the application to the office of the county clerk pursuant to § 7-5-403 the  
24 following materials:

25 (1) An official ballot for each election named in the  
26 application;

27 (2) Instructions for voting and returning the ballot to the  
28 county clerk;

29 ~~(2)(3)~~ A sealable envelope on which there shall be ~~no~~  
30 ~~identifying marks~~ written or printed the words: "Ballot Only";

31 ~~(3)(4)~~ A sealable envelope upon which shall be printed or  
32 written the words: "Return Envelope", the address of the county clerk, the  
33 precinct of the voter, and the words: "ABSENTEE BALLOT, . . . . . ,  
34 . . . . . , ELECTION";

35 ~~(4)(5)~~ A blank voter statement in the following form:

36 ~~IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF~~

1 ~~PERJURY AND SUBJECT TO A FINE OF UP TO \$10,000 OR IMPRISONMENT FOR UP TO 10~~  
2 ~~YEARS.~~

3 ~~"I do swear that on the date of the election to be held, \_\_\_\_\_,~~  
4 ~~I will be unavoidably absent from my voting precinct.~~

5 ~~I am a qualified, registered elector of the~~  
6 ~~\_\_\_\_\_ (ward, precinct, or township) of~~  
7 ~~\_\_\_\_\_, Arkansas.~~

8 "I reside at the address indicated on my application.

9 I have enclosed my ~~marked ballot in the envelope provided which I shall~~  
10 ~~place with this statement and my ballot stub in a large envelope~~ ballot stub  
11 in the Return Envelope. I have enclosed my marked ballot in the Ballot Only  
12 envelope, which I will place in the Return Envelope. I will not vote again in  
13 this election.

14 ~~(Check one)~~

15 ~~..... I am personally delivering my ballot.~~

16 ~~..... I am mailing this ballot to the county clerk.~~

17 ~~..... I am hereby authorizing my relative or designated bearer (insert~~  
18 ~~his or her name), \_\_\_\_\_, to deliver this ballot to the county clerk.~~

19 ~~..... I am hereby authorizing \_\_\_\_\_ (insert his or her name) as my~~  
20 ~~authorized agent to deliver this ballot as I am medically unable to vote on~~  
21 ~~election day. An affidavit verifying my medical status as unable to deliver~~  
22 ~~the application or to vote on the day of the election is attached or has been~~  
23 ~~provided with my application.~~

24 ~~The information I have provided is true to the best of my knowledge under~~  
25 ~~penalty of perjury. If I have provided false information, I may be subject to~~  
26 ~~a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten~~  
27 ~~years, or both, under federal or state laws.~~ THE INFORMATION I HAVE PROVIDED  
28 IS TRUE TO THE BEST OF MY KNOWLEDGE UNDER PENALTY OF PERJURY. IF I HAVE  
29 PROVIDED FALSE INFORMATION, I MAY BE SUBJECT TO A FINE OF UP TO TEN THOUSAND  
30 DOLLARS (\$10,000) OR IMPRISONMENT FOR UP TO TEN (10) YEARS, OR BOTH, UNDER  
31 FEDERAL OR STATE LAWS.

32  
33 .....

34 signature of voter

35  
36 .....

1 printed name of voter

2

3 .....

4 address of voter

5

6 .....

7 date of birth of voter

8

9 .....

10 signature of designated bearer, relative or authorized agent

11

12 .....

13 address of designated bearer, relative or authorized agent."

14 (6) An authorized agent authorization form, which may be printed on  
15 the back of the voter statement, as follows:

16 "AGENT AUTHORIZATION FORM

17 If applicable, fill out and sign this form and place it in the Return  
18 Envelope

19 I hereby authorize . . . . . (insert his or her name) as my authorized agent, to  
20 deliver this ballot as I am medically unable to vote on election day. An  
21 affidavit verifying my medical status as unable to deliver the application or  
22 to vote on the day of the election is attached or has been provided with my  
23 application.

24

25 .....

26 signature of voter

27

28 .....

29 printed name of voter

30

31 .....

32 date of birth of voter"

33

34

35

APPROVED: 4/5/2001

36