

CERTIFICATION OF EMERGENCY RULES  
FILED WITH LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c) (2)a. and b.

I certify that the attached emergency (amendment, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the 3<sup>rd</sup> day of September, 2019.

AGENCY NAME: Alabama Secretary of State

RULE NO. AND TITLE: 820-2-12 Permanent Disability Absentee Voting

EFFECTIVE DATE OF RULE: September 3, 2019

EXPIRATION DATE (If less than 120 days): December 19, 2019

NATURE OF EMERGENCY:


Act 2019-359, effective September 1, 2019, requires new absentee application forms. This rule should be in effect immediately due to currently active special election cycles.

STATUTORY AUTHORITY: Act 2019-359

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS X YES      NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Hugh Evans  
State Capitol Suite E-201  
600 Dexter Avenue, Montgomery, AL 36130  
(334) 353-7857

  
Signature of officer authorized to promulgate and adopt rules and regulations or his or her deputy

SEPTEMBER 3, 2019  
(For APA Use Only)

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SEP 3 2019

LEGISLATIVE SVC AGENCY

STATE OF ALABAMA  
OFFICE OF THE SECRETARY OF STATE  
ELECTIONS DIVISION  
ADMINISTRATIVE CODE

CHAPTER 820-2-12  
PERMANENT DISABILITY ABSENTEE VOTING

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**820-2-12.01-.03ER**      **Purpose.** The purpose of this chapter is to provide for implementation of the Disabled Citizens Absentee Voting Act (2019-359) for citizens with a permanent disability which prevents attendance at the polls requesting to vote by absentee ballot pursuant to Act 2019-359. The procedures in this chapter are promulgated under authority granted the Secretary of State as Chief Elections Official pursuant to Act 2019-359 and 17-1-3(a).

**Authors:** Jeff Elrod, Ed Packard, Clay Helms.

**Statutory Authority:** Act 2019-359.

**History:** **New Rule:** Filed September 3, 2019.

**820-2-12-.02-.04ER**      **Applicability.** This chapter applies to absentee balloting for all elections for individuals with permanent disabilities which prevent attendance at the polls pursuant to the Disabled Citizens Absentee Voting Act (2019-359).

**Authors:** Jeff Elrod, Ed Packard, Clay Helms.

**Statutory Authority:** Act 2019-359.

**History:** **New Rule:** Filed September 3, 2019.

**820-2-12-.03-.05ER**      **Procedures for Applying for Absentee Ballot.**

(1) The absentee ballot application for a permanently disabled voter shall be valid for all elections in the calendar year in which the application is submitted. For election cycles that span multiple calendar years, the application shall be valid for the whole election cycle. Voters voting pursuant to Act 2019-359 must resubmit the absentee application on an annual basis.

(2) When applying to vote absentee in county, state and federal elections, the permanently disabled voter shall submit the application to the county absentee election manager. When applying to vote absentee in municipal elections, the permanently disabled voter shall submit the application to the municipal absentee election manager.

(3) When a voter submits a valid application to vote absentee pursuant to Act 2019-359, the absentee election manager shall add that voter's name to a list of permanently disabled absentee voters.

**Author:** Jeff Elrod, Ed Packard, Clay Helms.

**Statutory Authority:** Act 2019-359.

**History:** **New Rule:** Filed September 3, 2019.

**820-2-12-.04-.06ER**      **Application and Procedures for Issuance of Absentee Ballot.**

(1) Individuals voting by absentee ballot pursuant to Act 2019-359 may apply for an absentee ballot by utilizing an application adopted by the State of Alabama pursuant to 17-11-4 and Act 2019-359. The application must be submitted by the voter by U.S. mail, commercial carrier, or hand-delivery to the absentee election manager in the county in which the prospective absentee voter is registered to vote.

(2) The application prescribed by the Secretary of State shall provide a space to be signed and notarized by the applicant's primary physician in order to verify the applicant's status as a permanently disabled citizen.

(3) The applicant must submit the application to the absentee election manager no later than five (5) days prior to the election.

**Author:** Jeff Elrod, Ed Packard, Clay Helms.

**Statutory Authority:** Act 2019-359.

**History:** **New Rule:** Filed September 3, 2019.

**820-2-12-.05-.07ER**      **Procedures for Sending Absentee Ballots.** At the beginning of the absentee voting period, the absentee election manager shall issue an absentee ballot to any registered voter who has an up-to-date permanently disabled citizen absentee application. Any voter who submits an absentee application pursuant to Act 2019-359 during the absentee voting period shall be issued an absentee ballot upon verification that the voter is registered and eligible to vote in that election.

**Author:** Jeff Elrod, Ed Packard, Clay Helms.

**Statutory Authority:** Act 2019-359.

**History:** **New Rule:** Filed September 3, 2019.

**820-2-12-.06-.08ER**      **Forms for Voting Absentee by Permanently Disabled Citizens.** This rule is intended to provide any form by which an absentee election manager shall administer the Disabled Citizens Absentee Voting Act (2019-359). The forms shall appear as follows:

**APPLICATION FOR PERMANENT DISABILITY  
ABSENTEE BALLOT**  
FOR USE ONLY BY INDIVIDUALS VOTING ABSENTEE DUE TO A  
PERMANENT DISABILITY

Return this application to:

\_\_\_\_\_ COUNTY, ALABAMA

Please note only one application may be placed in the same envelope.

Please note that a copy of your valid photo identification must be submitted along with this application.

**General Voter Information - Please provide complete information so that we may verify your eligibility to vote.**

Last Name (Please print)		First Name		Middle or Maiden Name		E-mail Address	
Street Address (address where you are registered to vote; do not use PO box)						City	ZIP
If requesting mail delivery of a ballot, provide a mailing address, if different from the street address provided above							
Precinct where you vote (name and/or location of your polling place)							
Date of Birth		Month	Day	Year		Driver's License Number	
Home Telephone Number		Work Telephone Number		STATE		N/A/VEER	
						IF NO DRIVER'S LICENSE NUMBER	
						Last 4 digits of Social Security number	

<b>Type of Ballot (select one)</b>		<b>Reason for Applying to Vote Absentee</b>	
<input type="checkbox"/> Primary Election or Presidential Preference Primary Select one: <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____ <input type="checkbox"/> Amendments Only  <input type="checkbox"/> Primary Runoff Election Select one: <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____ <input type="checkbox"/> Amendments Only  <input type="checkbox"/> General Election  <input type="checkbox"/> Special Election (specify) _____ If primary runoff election: <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party		By signing this application, I am attesting that I am permanently disabled and unable to attend the polls. I am eligible to vote absentee pursuant to Act 2019-359.  I understand that this application will be valid for all county, state, and federal elections to be held during this calendar year. For election cycles that span multiple calendar years, this application will be valid for the entire election cycle.  I further understand that annual renewal of this application will be required.	

**Physician's Report (Please note that the physician's signature must be notarized)**

Physician shall describe and certify the circumstances as constituting the voter's condition.

\_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

\_\_\_\_\_  
Signature of Notarizing Official

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Notarizing Official

When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	<b>Complete this section if voter signs by mark</b> →	Witness Signature
		Print Witness Name

The voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier (§17-11-3 and §17-11-4, Code of Alabama, 1975).

**READ PENALTIES ON BACK**

## PENALTIES

§17-17-24, Code of Alabama, 1975, as amended

(a) Any person who willfully changes an absentee voter's ballot to the extent that it does not reflect the voter's true ballot, any person who willfully votes more than once by absentee ballot in the same election, any person who willfully votes for another voter or falsifies absentee ballot applications or verification documents so as to vote absentee, or any person who solicits, encourages, urges, or otherwise promotes illegal absentee voting, shall be guilty, upon conviction, of a Class C felony. Any person who willfully aids any person unlawfully to vote an absentee ballot, any person who knowingly and unlawfully votes an absentee ballot, and any voter who votes both an absentee and a regular ballot at any election shall be similarly punished.

(b) Upon request by the local district attorney or the Secretary of State, the Attorney General shall provide investigating assistance in instances of absentee ballot or voting violations.

(c) Nothing in this section shall be construed to impede or inhibit organized legal efforts to encourage voter participation in the election process or to discourage a candidate from encouraging electors to lawfully vote by absentee ballot.

**APPLICATION FOR MUNICIPAL PERMANENT  
DISABILITY ABSENTEE BALLOT**  
FOR USE ONLY BY INDIVIDUALS VOTING ABSENTEE DUE TO A  
PERMANENT DISABILITY

Return this application to:

FORM AV-02

\_\_\_\_\_ COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.  
Please note that a copy of your valid photo identification must be submitted along with this application.

**General Voter Information - Please provide complete information so that we may verify your eligibility to vote.**

Last Name (Please print)		First Name	Middle or Maiden Name	E-mail Address	
Street Address (address where you are registered to vote; do not use PO box)			City	ZIP	
If requesting mail delivery of a ballot, provide a mailing address, if different from the street address provided above					
Precinct where you vote (name and/or location of your polling place)					
Date of Birth	Month	Day	Year	Driver's License Number	IF NO DRIVER'S LICENSE NUMBER
Home Telephone Number	Work Telephone Number			STATE	NUMBER
					Last 4 digits of Social Security number

**Type of Ballot (select one)**

- Municipal Election
- Municipal Runoff Election
- Special Municipal Election (specify) \_\_\_\_\_

**Duration of Absentee Ballot Application**

By signing this application, I am attesting that I am permanently disabled and unable to attend the polls. I am eligible to vote absentee pursuant to Act 2019-359.

I understand that this application will be valid for all municipal elections to be held during this calendar year. For election cycles that span multiple calendar years, this application will be valid for the entire election cycle.

I further understand that annual renewal of this application will be required.

**Physician's Report (Please note that the physician's signature must be notarized)**

Physician shall describe and certify the circumstances as constituting the voter's condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

_____ Signature of Notarizing Official	_____ Physician's Signature	_____ Date
_____ Title of Notarizing Official		

When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	<b>Complete this section if voter signs by mark</b> →	Witness Signature
		Print Witness Name

The voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier [§ 17-11-3 and § 17-11-4, Code of Alabama, 1975].

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(b) Upon request by the local district attorney or the Secretary of State, the Attorney General shall provide investigating assistance in instances of absentee ballot or voting violations.

(c) Nothing in this section shall be construed to impede or inhibit organized legal efforts to encourage voter participation in the election process or to discourage a candidate from encouraging electors to lawfully vote by absentee ballot.

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