

INSTRUCTIONS: This form is used by an individual seeking to challenge the following: the eligibility of a candidate, the declaration of candidacy, the declaration of intent to be a write-in candidate, a request for ballot placement, a petition or candidate's consent to nomination, a certificate of candidate selection, or by a candidate seeking to contest the denial of certification due to insufficient signatures by filing this form under IC 3-8-1-2 to request a hearing before the Indiana Election Commission, the county election board or the Lake or Tippecanoe County boards of elections and registration, or a town election board.

STATE OF INDIANA

COUNTY OF _____

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	ERAL INFORMATION
	, the undersigned, certify the following:
(1) I am (check one box) 🔲 a registered voter of Precinct _	of the Township of,
(or of Ward of the City or Town of), County of, State of Indiana; OR
A candidate who submitted a petition of nomination under	иг IC 3-8-6.
2) My residence address is:	
	Indiana
Complete residence address must be inserted	, Indiana City Zip Code
3) My mailing address is (if different from residence address):	
	, Indiana City Zip Code
Mailing address (Write "SAME" if both addresses are identical)	, Indiana City Zip Code
 If I am filing this challenge as a registered voter, my voter reg 	gistration address is located within the election district of the office listed below
5) If I am filing this challenge as a registered voter, I question	the eligibility of the following individual, who is a candidate for the office:
Name of Candidate	Office sought (include District, if applicable)
6) The following facts are known to me and lead me to believe (attach additional sheets if necessary):	e that the individual listed above is ineligible to be a candidate for this office
my petition of nomination due to insufficient signatures or the c	acts are known to me and lead me to believe that the denial of certification of county voter registration office's failure to certify qualified petitioners is not in matter before the appropriate election authority under IC 3-8-1-2.
	R CANDIDATE CERTIFICATION
swear or affirm under the penalties for perjury that the foregoi	ing statements are true, to the best of my knowledge and belief.
Signature Date signed (/	() () ()
OUNTY OF STA	
ubscribed and sworn to before me this day of	SEAL
tary Public or Other Official Administering Oath	
Commission expires (applies only to Notary Public):	County of Residence: