

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control _____ Department or Agency Alabama Secretary of State
Rule No. 820-2-12
Rule Title: Permanent Disability Absentee Voting
 New _____ Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? YES

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer J. H. Merrill
Date September 3, 2019

REC'D & FILED
SEP 3 2019

LEGISLATIVE SERVICES AGENCY
SEPTEMBER 3, 2019
(STAMP)

Alabama Secretary of State
Elections Division

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama Secretary of State

RULE NO. & TITLE:

820-2-3-.12 Permanent Disability Absentee Voting

INTENDED ACTION:

New Chapter

SUBSTANCE OF PROPOSED ACTION:

Added a chapter to implement Act 2019-359 which allows for citizens with permanent disabilities to vote by absentee ballot on an ongoing basis.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

Views may be presented orally or in writing and should be addressed to Hugh Evans, Office of the Secretary of State, P.O. Box 5616, Montgomery, AL 36130; (334) 353-7857.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

November 4, 2019

CONTACT PERSON AT AGENCY:

Hugh Evans, Office of the secretary of State, State Capitol Suite E-201, 600 Dexter Avenue, Montgomery, AL 36130; (334) 353-7857.



(Secretary of State)

ECONOMIC IMPACT STATEMENT
FOR APA RULE
(Section 41-22-23(f))

Control No. ___ Department or Agency Alabama Secretary of State

Rule No: 820-2-12

Rule Title: Permanent Disability Absentee Voting

X New Amend Repeal Adopt by Reference

 This rule has no economic impact.

X This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE:

N/A

2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE, EFFICIENT, AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND ACHIEVING THE STATED PURPOSE:

Depending on the quantity of forms ordered, the cost could range from \$0 to \$20,000.

3. EFFECT OF THIS RULE ON COMPETITION:

N/A

4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

N/A

5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

N/A

6. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:

The source will be the Registration of Voters Fund from the General Fund budget.

7. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:

N/A

8. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:

N/A

9. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:

N/A

10. DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:

N/A

NEW CHAPTER

**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-.06	Forms for Absentee Voting by Permanently Disabled Citizens

820-2-12.01 **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. Effective December 19, 2019.

820-2-12-.02 **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. Effective December 19, 2019.

820-2-12-.03 **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. Effective December 19, 2019.

820-2-12-.04 **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. Effective December 19, 2019.

820-2-12-.05 **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. Effective December 19, 2019.

820-2-12-.06 **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
Home Telephone Number		Work Telephone Number	
		STATE	NUMBER
		IF NO DRIVER'S LICENSE NUMBER	
		Last 4 digits of Social Security number	

Type of Ballot (select one)	Reason for Applying to Vote Absentee
<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 or 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

Title of Notarizing Official

Physician's Signature

Date

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	Complete this section if voter signs by mark →	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
Home Telephone Number	Work Telephone Number		Driver's License Number
() () () ()	() () () ()		IF NO DRIVER'S LICENSE NUMBER
			Last 4 digits of Social Security number
		STATE	NUMBER

Type of Ballot (select one)	Duration of Absentee Ballot Application
<input type="checkbox"/> Municipal Election <input type="checkbox"/> Municipal Runoff Election <input type="checkbox"/> Special Municipal Election (specify) _____	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		

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Voter's Signature	Complete this section if voter signs by mark →	Witness Signature
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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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