Office of the Kansas Secretary of State

Affidavit of Assessment

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FORM AV5

Instructions

Any registered voter who has a temporary illness or disability or who is not proficient in reading the English language, or any voter who has a disability preventing the voter from signing an application or the form on an advance voting ballot envelope may request assistance from another person in applying for, marking or returning the voter's advance voting ballot, or in signing an application or the form on the ballot envelope if the voter has a disability preventing the voter from signing. This affidavit must be completed by the person rendering assistance to the voter. Any such person who knowingly and willfully fails to sign and submit the statement on this form or who exercises undue influence on the voting decision of the voter shall be guilty of a severity level 9 nonperson felony. K.S.A. 25-1124(e)

1 Person Providing Assistance

Residential Address	City	Zip

2 Advance Voter Information

Last Name	First Name	Middle Name
Residential Address	City	Zip

3 Signature of Person Providing Assistance

I hereby declare under penalty of perjury that I have been requested to provide assistance in marking and/or transmitting the enclosed ballot of the above named voter, or to sign for the above named voter who has a disability preventing the voter from signing an application or advance voting ballot form. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the voter to whom the ballot was issued.

SIGN IN THIS BOX

Date _____ / _____ / _____
Month Day Year

FOR OFFICE USE ONLY Date Affidavit Received _____