



ABSENTEE AND EARLY VOTE ADMINISTRATIVE BOARD

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FOR JAVA A USE ONLY
Control Number:
Status:
Precinct:
Unit:

HANDWRITING

REQUEST FOR EARLY VOTE GENERAL ELECTIONS AND PLEBISCITE 2020 (Register Early Vote Closing - Monday, September 14, 2020)

Electoral ID Number

Last Name Surname

First Name Middle Initial Date of Birth Gender Twin

Birth Place Person with disabilities Blind Other: Mother / Father's name

Father / Mother's name

Home Address Street, lot, building number, apartment, or unit Place, or community

Municipality Last 4 digits Social Security Number

Postal Address Street, lot, building number, apartment, or unit; PO Box, HC o RR Place, or community

Municipality Zip Code + 4

Mobile Phone Home Phone E-mail

I affirm that I am unable to vote at the polling station where I am registered because I will be assigned to performing functions on Tuesday, November 3, 2020 as by:

I Preferred to vote: Mail Precinct

A Commission Member, CEE employee, or Commissioner legal advisor. Office: Polling place: CEE Precinct

B Person working in the General Election for one of the certified Candidate for Governor.

C Enrollment officer for the precinct:

D President of Local Commission: Principal Alternate

Preferred Polling Place: Precinct Mail

E Local Commissioner for the precinct: Principal Alternate

F Work Voter - Any voter who is a public employee, private employee or self-employed who states that his or her to be in his or her employment center within Puerto Rico is located outside his/her domicile area.

G Candidate Voter - Any voter who is a Candidate or Elective Candidate at the election event.

H Travel Voter - Any voter who, after the term to submit Absent or Early Vote application, becomes aware that he or she will be physically outside Puerto Rico for any reason on election day, and became aware before election day. Dateline to submit application is October 4th, 2020.

I Hospitalized Voter - Any voter who will be admitted in the election day as a patient in a hospital institution or long-term treatment or health care institution.

J Voter Over sixty (60) years old

K Confined Voter - All voters imprisoned in a penal institutions or youth institutions in Puerto Rico.



<input type="checkbox"/> L Accessible voting at home or Voting Center				
Preferred polling place:		<input type="checkbox"/> by Mail	<input type="checkbox"/> Domicile	<input type="checkbox"/> Easily access voting center
<input type="checkbox"/> 1	Physical Impair Voter – Any voter with physical or visual impairment who, during the fifty (50) days prior to and until the election day, has been and will continue to use a wheeled chair, crutches, equipment necessary for mobility; or has obvious limitations to move around with or without on equipment.			
<input type="checkbox"/> 2	Easy Home Access Voting Voter – Any voter with a disability or an obvious moving limitations or bedridden or any type of medical condition that prevents them from attending the voting center, or any voter who is eight (80) years of age or older.			
<input type="checkbox"/> 3	Voter at a home or residential care – All voters with special conditions who resides in these places but is not hi/her register domicile for electoral register.			
<input type="checkbox"/> 4	Only caregiver – A voter who is the only person available in the family unit for the care of children under the age of fourteen (14) years, persons with disabilities or people who are bedridden at home.			
Name: _____ Relationship: _____ Electoral ID Number: _____				
Local Commission Verification:				
<input type="checkbox"/> It is authorized to record the request transaction accessible voting at home.				
<input type="checkbox"/> It is authorized to record the request transaction accessible voting at home after that:				
<input type="checkbox"/> Enroll the applicant		<input type="checkbox"/> Reactivate, transfer or relocate to an electoral unit		
<input type="checkbox"/> Correct deficiencies on the application				
Note: This request will be sent to JAVAA by FAX to (787) -777- 8358, (787) 294 -3120 o (787) 777 - 4075 once recorded.				

Local Commission Certification

_____ Local Commission President Signature	_____ First Party Commissioner Signature
_____ Second Party Commissioner Signature	_____ Third Party Commissioner Signature
_____ Fourth Party Commissioner Signature	_____ Fifth Party Commissioner Signature

"I swear (or declare) that I file this Early Voting Application because I am a registered and active voter in the General Register of Voters of Puerto Rico; and I comply with all requirements for the voters categories eligible for early vote of the next electoral event. I affirm that all the information I include in my Early Voting Application is true and correct. I am aware that falsifying information stated by me voluntarily in this application could represent the loss of my voting opportunity, the non-adjudication of my vote, or the imposition of penalties under the 2020 Puerto Rico Election Code."

_____ Applicant's Signature or Mark	_____ Witness Signature (in case the applicant not sign)	_____ Date
	<input type="checkbox"/> I declare that I sign as witness of this request because the applicant is unable to sign.	

THIS APPLICATION MUST BE DELIVERED TO JAVAA OR JIP BY: Monday, September 14, 2020