## SCHEDULE 2

## FORMS FOR PCC ELECTIONS RULES

Form 18: Declaration to be made by companion of a voter with disabilities

| Declaration for the companion of a voter with disabilities  |  |  |  |
|---|--|--|--|
| Election of the Police and Crime Commissioner for [insert name of police area] police area  |  |  |  |
| Date of election [day] [date] [month] [year]  |  |  |  |
| A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this election without assistance. In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy. |  |  |  |
| Part 1 To be completed by the voter's companion   |  |  |  |
| Companion's name  |  |  |  |
| Companion's address   |  |  |  |
| Voter's name  |  |  |  |
| [Only for use if the disabled voter is<br>acting as a proxy]<br>Voter is acting as proxy for:   |  |  |  |
| Elector's number<br>[If the disabled voter is acting as a<br>proxy, this is the number of the person<br>for whom the voter is acting]   |  |  |  |
| I have been requested to assist the voter named above to record their vote at this election. I declare that:  |  |  |  |
| I am entitled to vote as an elector at this election  I am the *spouse/*civil partner/*parent/*brother/*sister/*child of the voter with disabilities and am 18 years of age or over   |  |  |  |
| *Please delete whichever does not apply   |  |  |  |
| AND (2)  I have not previously assisted more than one voter with disabilities at this election.  If I have assisted one other voter their name and address is:  |  |  |  |
| [Complete if appropriate] Name and address of other person assisted   |  |  |  |

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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

| NOTE – It is a criminal offence to knowingly make a false statement in this form. |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
| Companion's signature   |  | Date                              |  |  |
| Part 2 To be completed by the Presiding Officer                                   |  |                                   |  |  |
| I, the undersigned, being the Presiding Officer for:                              |  |                                   |  |  |
| Polling station   |  | Voting area of                    |  |  |
| Hereby certify that the above declaration was signed in my presence.              |  | Presiding<br>Officer<br>signature |  |  |
| Date  |  | Time (exact)                      |  |  |