

**Ballot Collection Registry** Enforcement of the Ballot Interference Protection Act is currently enjoined. This

form is used by someone delivering a ballot for another elector pursuant to the Montana Ballot Interference Prevention Act (Mont. Code Ann. 13-35-701 et al). Only a caregiver, family member, household member, or an acquaintance is authorized to collect a voter's ballot and **may not collect and convey more than six ballots per election**. A violation of a provision of 13-35 part 7 is punishable by a fine of \$500 for each ballot unlawfully collected.

Complete this form if you are delivering another person's ballot.

**\* Note: You do not need to complete this form to return your own ballot.**

Your Last Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_  
 (Street or PO Box) (City) (Zip)

X Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I declare under penalty of perjury that the information provided on this form is true and correct

Please list below the name, address, and how you are related to each person whose ballot you are delivering. Please **do not list yourself**.

	Name of person(s) whose ballot I am returning, not including my own	Address of person whose ballot I am returning	Relationship <i>(Definitions are provided below)</i>
1		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
2		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
3		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
4		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
5		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver
6		<i>If their address is the same as yours, you may leave this section blank.</i>	<input type="checkbox"/> Family <i>Including Spouse</i> <input type="checkbox"/> Household <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver

Pursuant to 13-35-702, MCA the following definitions apply:

**Family member** means an individual who is related to the voter by blood, marriage, adoption, or legal guardianship.

**Household member** means an individual who resides at the same residence as the voter.

**Acquaintance** means an individual known by the voter.

**Caregiver** means an individual who provides medical or health care assistance to the voter in a residence, nursing care institution, hospice facility, assisted living center, assisted living home, residential care institution, adult day health care facility, or adult foster care home.

**For Election Office Use Only**  
 County: \_\_\_\_\_

Election: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_