



# Jon Husted Ohio Secretary of State

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## **Issued Pursuant to Court Order**

### **DIRECTIVE 2016-41**

October 25, 2016

To: All County Boards of Elections  
Directors, Deputy Directors, and Board Members

Re: Pursuant to a Court Order – Rescinding Directive 2016-37 & Requiring the Delivery in Certain Circumstances of a Provisional Ballot to an Individual with a Personal Illness, Physical Disability, or Infirmary

### **SUMMARY**

On October 14, 2016, Directive 2016-37 was issued pursuant to a Court Order in the case of *Ohio A. Philip Randolph Institute et al. v. Husted*, Case No. 2:16-cv-303, requiring that “the Secretary of State shall refrain from denying an absentee ballot application on the basis that the applicant is not currently registered to vote.” The Court Order stated that this requirement would be in effect until “an Order is issued on the [pending] motions.” On October 19, 2016, the Court resolved the pending motions and the Secretary issued Directive 2016-39. Therefore, Directive 2016-37 is hereby rescinded.

Additionally, on October 25, 2016, the Court entered an Order for the issuance of this Directive, which governs the delivery in certain circumstances of a provisional ballot to an individual with a personal illness, physical disability, or infirmity. The instructions below detail this process.

### **INSTRUCTIONS**

Boards of elections are required to have two board staff members—one Democrat, one Republican—deliver a provisional ballot to an individual who meets all of the following conditions:

- (1) The individual attests to the board that he or she has a personal illness, physical disability, or infirmity<sup>1</sup>;
- (2) The individual attests to the board that he or she is unable to cast a ballot in-person during absentee voting or on Election Day;

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<sup>1</sup> See Ohio Rev. Code § 3503.16(G).

- (3) The individual completes Form 11-I-2<sup>2</sup>;
- (4) The individual’s voter registration was cancelled in 2011, 2013, or 2015 under the “Supplemental Process”<sup>3</sup>;
- (5) The individual’s most recent address of registration in the Statewide Voter File is in the same county as the individual’s current address of registration as listed in the attestation;
- (6) The individual is requesting the delivery of the provisional ballot to an address in the same county as both the individual’s recent address of registration in the Statewide Voter File and the individual’s current address of registration as listed in the attestation; and
- (7) The individual is submitting the request to the board no later than noon on the Saturday prior to Election Day.

Boards are required to provide Form 11-I-2 to each individual contacting the board stating that he or she satisfies the conditions above.

If the individual completes Form 11-I-2, submits it to the board, and satisfies all of the conditions above, the board shall send two staff members—one Democrat, one Republican—to deliver a provisional ballot to the individual. The board will determine whether to count the provisional ballot using the process described within [Directive 2016-39](#).

If you have any questions concerning this Directive, please contact the Secretary of State’s elections counsel assigned to your county.

Sincerely,



Jon Husted

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<sup>2</sup> Form 11-I-2 will be prescribed by the Secretary of State’s Office no later than October 25, 2016.

<sup>3</sup> Boards are to determine whether the individual was cancelled under the “Supplemental Process” using the process described within [Directive 2016-39](#).

# Application for Provisional Ballot by Voter With A Personal Illness, Physical Disability, or Infirmity

*This form applies only to an individual who had his or her voter registration cancelled in 2011, 2013, or 2015 under the Supplemental Process, and who otherwise satisfies the requirements found in Directive 2016-39 and Directive 2016-41.*

**Current Full Name**  
*Required*

**1**

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Date of Birth**  
*Required*

**2**

Date of Birth *Do not write today's date here.* | M | M | / | D | D | / | Y | Y | Y | Y |

**Current Address of Residence**  
*Required*

**3**

Street Address *No P.O. Boxes* \_\_\_\_\_ County \_\_\_\_\_  
City/Village \_\_\_\_\_ ZIP \_\_\_\_\_

**Address at Which you Would Like the Provisional Ballot Delivered by Two Elections Officials**  
*Required*

**4**

Street Address *No P.O. Boxes* \_\_\_\_\_ County \_\_\_\_\_  
City/Village \_\_\_\_\_ ZIP \_\_\_\_\_

**Identification**  
*Required*

*You must provide ONE of the following.*

**5**

- Your Ohio driver's license number \_\_\_\_\_ (2 letters followed by 6 numbers)
- Last four digits of your Social Security number \_\_\_\_\_ | # | # | # | # |
- Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.

**Election**  
*Required*

*You must complete a separate application for each election.*

**6**

Date of Election *Do not write today's date here.* | M | M | / | D | D | / | Y | Y | Y | Y |

**General Election**       **Special Election**

**Primary Election** For a PARTISAN primary election only, you must choose the type of ballot.  
 Political party ballot \_\_\_\_\_ *name of political party*       Issues only ballot

**Affirmation**  
*Required*

**7**

- I wish to receive a provisional ballot delivered to me by two election officials at the address listed above.
- I understand that the county located in boxes three and four above must be the same, and further, that this county in boxes three and four must be the same county as listed in my most recent voter registration.
- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day.
- I understand that, if I do not provide the required information, my application cannot be processed.
- I hereby declare, under penalty of election falsification, that I have a personal illness, physical disability, or infirmity and that I am unable to cast a ballot in-person during absentee voting or on Election Day.**

**Signature X** \_\_\_\_\_ *or mark if unable to sign*

Today's date \_\_\_\_\_ | M | M | / | D | D | / | Y | Y | Y | Y |