

## CANDIDATE FILING CHALLENGE State Form 46437 (R12 / 7-17)

Indiana Election Division (IC 3-8-1-2; IC 3-8-8)

**INSTRUCTIONS:** This form is used by an individual seeking to challenge the following: the eligibility of a candidate, the declaration of candidacy, the declaration of intent to be a write-in candidate, a request for ballot placement, a petition or candidate's consent to nomination, a certificate of candidate selection, or by a candidate seeking to contest the denial of certification due to insufficient signatures by filing this form under IC 3-8-1-2 or IC 3-8-8 to request a hearing before the Indiana Election Commission, the county election board or the Lake or Tippecanoe County boards of elections and registration, or a town election board.

## STATE OF INDIANA

COUNTY OF \_\_\_\_

GENERAL INFORMATION				
I,, the undersigned, certify the following:				
I am (check one box):				
a registered voter of Precinct	of the Township o	f		
(or of Ward <i>, if applicable</i> of the City or Town of Indiana;		), County	of,	State of
A county chairman of a major political party	in which any part of the ele	ection district of the office	e subject to this challenge is lo	ocated; OR
A candidate who submitted a petition of nor	nination under IC 3-8-6.			
(2) My residence address is:				
Complete residence address must be inserted		City	, IndianaZIP Coo	le
(3) My mailing address is (if different from resider	nce address):			
Mailing address (Write "SAME" if both addresses are id	dentical)	City	, Indiana ZIP Coo	le
(4) If I am filing this challenge as a registered vote	, my voter registration add		election district of the office list	ed below.
(5) If I am filing this challenge as a registered voter or a county political party chairman, I question the eligibility of the following individual, who is a candidate for the office:				
Name of Candidate		Office sought (include District, if applicable)		
(6) The following facts are known to me and lead me to believe that the individual listed above is ineligible to be a candidate for this office (attach additional sheets if necessary):				
(7) If I am filing this challenge as a candidate, the following facts are known to me and lead me to believe that the denial of certification of my petition of nomination due to insufficient signatures or the county voter registration office's failure to certify qualified petitioners is not in accordance with law, and I therefore request a hearing on this matter before the appropriate election authority under IC 3-8-1-2 or IC 3-8-8. <i>(attach additional sheets if necessary):</i>				
CHALLENGER OR CANDIDATE CERTIFICATION				
I swear or affirm under the penalties for perjury that the foregoing statements are true, to the best of my knowledge and belief.				
Signature	// Date signed (MM/DD/YY)	() Telephone <i>(Day)</i>	() Telephone <i>(Evening)</i>	
COUNTY OF			SEAL	
Notony Dublic or Other Official Administration Oct	ling to 10,00,40,4,4, at 10,00	12.0		)
Notary Public or Other Official Administering Oath according to IC 33-42-4-1 or IC 33-42-9 My Commission expires (applies only to Notary Public): County of Residence:				