



# CANDIDATE FILING CHALLENGE

State Form 46437 (R13 / 8-19)  
Indiana Election Division (IC 3-8-1-2; IC 3-8-8)

(CAN-1)

**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, Porter, 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 of \_\_\_\_\_,

(or of Ward, *if applicable* \_\_\_\_\_ of the City or Town of \_\_\_\_\_), County of \_\_\_\_\_, State of Indiana;

A county chairman of a major political party in which any part of the election district of the office subject to this challenge is located; OR

A candidate who submitted a petition of nomination under IC 3-8-6.

(2) My residence address is:

\_\_\_\_\_, Indiana \_\_\_\_\_  
Complete residence address must be inserted City ZIP Code

(3) My mailing address is (*if different from residence address*):

\_\_\_\_\_, Indiana \_\_\_\_\_  
Mailing address (*Write "SAME" if both addresses are identical*) City ZIP Code

(4) If I am filing this challenge as a registered voter, my voter registration address is located within the election district of the office listed 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. (*attach additional sheets if necessary*):

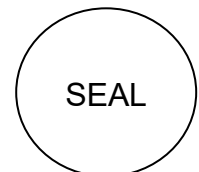
## CHALLENGER OR CANDIDATE CERTIFICATION

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 (Day) Telephone (Evening)

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Notary Public or Other Official Administering Oath according to IC 33-42-9

My Commission expires (*applies only to Notary Public*): \_\_\_\_\_ County of Residence: \_\_\_\_\_