

# Objection claim that an elector should not be enrolled

	Details of the elector who should not be	Elector's current name		Mr		Mrs	M	liss 🗌		Ms	0	ther		
	enrolled		Family name	9										
			Given name(s	)										
		Elector's enrolled address												
		As shown on the electoral roll												
								St	tate		Po	ostcod	е	
		Elector's current postal												
		address (if known)						04						
		Leave blank if the same as enrolled address						51	tate		P	ostcod	9	
2	Reason the elector should not be enrolled	Of unsound mind and incap Note: The medical certificate of										votin	J	
		Other reason – list objection reason number from page 2												
	Details of the person lodging the objection	Your name		Mr		Mrs	M	liss		Ms	0	ther		
			Family name	e										
			Given name(s	)										
					1									
		Date of birth (dd/mm/yyyy)	•		•									
		Residential address												
								St	tate		Po	ostcod	e	
		Postal address												
		Leave blank if the same as												
		residential address						St	tate		Po	ostcod	<u>e</u>	
		Phone numbers	Mobile											
			Daytime (		], [									
			Buytimo (											
4	Declaration	Signature of	i perso	n mak	ing the o	bjectio	on							
	<ul><li> The information I have giver</li><li> I am aware that my name an</li></ul>	dr.												
given for my objection, will be provided to the elector.									/	/				
	<ul> <li>I understand that giving fals serious offence.</li> </ul>													
Important – The Medical Certificate on the next page must be completed by a registered medical practitioner if you believe the enrolled person									son					
	is of unsound mind and incapable of understanding the nature and significance of enrolment and voting													
0FI	FICE USE ONLY  Date rec	C. / /	Deposit a				,	1		7				
			I/IO I			urnaal	/	/		1				

ER005A\_0117 (page 1 of 2) © Commonwealth of Australia 2017

Deposit received

Receipt no.

Medical Certificate completed? No

Yes

## Objection claim that an elector should not be enrolled



#### When to use this form

You can use this form to notify the Australian Electoral Commission (AEC) of your objection to a person's enrolment if you believe a person whose name appears on an electoral roll is:

- of unsound mind, or
- not entitled to be enrolled for any of the reasons listed under 'Objection reasons' below.

The authorisation to collect the information on this form is contained in the *Commonwealth Electoral Act* 1918.

#### **Objection reasons**

Reasons for making an objection are that you believe the person:

- is of unsound mind and incapable of understanding the nature and significance of enrolment and voting Note: If you are making an objection for this reason the medical certificate below must be completed by a registered medical practitioner.
- does not live at the address shown on the roll and has not lived at that address for the last month
   Note: An objection may not be made for this reason if the person is currently registered with the AEC as an Antarctic elector.
- 3. is not yet 16 years of age

  Note: Persons may enrol when they are 16 but cannot vote until they are 18.
- 4. is not an Australian citizen, or a British subject who was enrolled on 25 January 1984
- 5. is enrolled more than once
- has been convicted of treason or treachery and not pardoned.

Different reasons for objection to enrolment for State or Territory purposes may also apply.

#### Who can use this form?

To lodge an objection because a person is of unsound mind and incapable of understanding the nature and significance of enrolment and voting, you must be enrolled but not necessarily in the same division.

To object to a person's enrolment for any other reason, you must be enrolled in the same electoral division as the person named in your objection.

#### The objection process

When your objection is received we will write to the person you have named notifying them of your objection and stating the reason you have given. The person will be advised of your name and address. The person will be allowed 20 days to provide information to confirm their right to remain enrolled. If they are unable to do so, or if they do not respond within 20 days, their name will be removed from the electoral roll.

If your objection is considered to be frivolous or vexatious it will be dismissed without giving notice to the person you have named.

#### **Lodging your objection**

When you have completed this form lodge it with the Divisional Returning Officer for the division for which the person named in your objection is enrolled. You can check the name of your division at www.aec.gov.au/electorate

You must pay a deposit of \$2.00 for each objection, unless the reason for your objection is that the person is of unsound mind in which case no deposit is required.

If the person named is removed from the electoral roll as a result of your objection the deposit will be refunded.

#### For more information

Australian Electoral Commission www.aec.gov.au or 13 23 26

### **Medical Certificate**

Commonwealth Electoral Act 1918 - s93(8)(a)

Medical practit	ioner's details — Please use BLOCK LETTERS		
Full name			
Address			
	State Postcode		
Phone number			
Medical practit	ioner's signature		
l am a registered	medical practitioner and consider that		
Elector's family name			
Given name(s)			
Date of birth			
is of unsound mile enrolment and vo	nd and incapable of understanding the nature and significance of otions.		/ /

ER005A\_0117 (page 2 of 2) © Commonwealth of Australia 2017