



*Optical Scan Examination for
ILLINOIS ELECTION JUDGES*

Date: (Please print)

Name:	
Address:	
City:	Zip:
Home Phone #:	Cell Phone #:
Email address:	
Precinct # (Residence):	Precinct # (Working):
Party Affiliation:	

2020 Election Schedule

General Primary Election: March 17th, 2020

General Election: November 3rd, 2020

I, hereby certify that I have completed the Election Judge Training as required by law and that I am available to serve at the upcoming election.

(signature)

Optical Scan Test – 2020

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STATE OF ILLINOIS }
JEFFERSON County } ss.

CONTACT PHONE NUMBERS:

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

HOME AND/OR CELL _____
WORK _____

ACCEPTANCE OF COMMISSION-ELECTION JUDGE FOR

(precinct, district, ward, etc.)

I, the person mentioned above, hereby accept the appointment and commission as Election Judge for the election district aforesaid. I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois, that I will faithfully discharge the duties of the office of Election Judge, according to the best of my ability, and that I am entitled to vote in the county aforesaid.

DECLARATION OF PARTY AFFILIATION

I state I am affiliated with the _____ Party and during the term of my office as Election Judge, I shall request the primary ballot of the party I represent.
I am fully aware the County Board of Election Commissioners, as the case may be, has the right, at any time, to remove any Election Judge for failing to vote the primary ballot of the political party he represents, at a primary election at which he served as such judge.

Dated _____ Year _____

Signature of Election Judge