



Objection claim that an elector should not be enrolled

1 Details of the elector who should not be enrolled

Elector's current nameMr Mrs Miss Ms Other Family name Given name(s) **Elector's enrolled address**

As shown on the electoral roll

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		Postcode

Elector's current postal address (if known)

Leave blank if the same as enrolled address

<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		Postcode

2 Reason the elector should not be enrolled

 Cognitively impaired and incapable of understanding the nature and significance of enrolment and voting

Note: The medical certificate on the next page must be completed by a registered medical practitioner.

or **Other reason** – list objection reason number from page 2

<input type="text"/>
<input type="text"/>
<input type="text"/>

3 Details of the person lodging the objection

Your nameMr Mrs Miss Ms Other Family name Given name(s) **Date of birth** (dd/mm/yyyy) • • **Residential address**

<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		Postcode

Postal address

Leave blank if the same as residential address

<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		Postcode

Phone numbersMobile Daytime () **Email address**

4 Declaration

- The information I have given is true and complete.
- I am aware that my name and address, and the reasons I have given for my objection, will be provided to the elector.
- I understand that giving false or misleading information is a serious offence.

Signature of person making the objection / /**OFFICE USE ONLY**Date rec. / /Medical Certificate completed? No Yes

Deposit applies?

No Deposit returned / Yes Deposit received / Receipt no.

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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:

- cognitively impaired, 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:

1. is cognitively impaired 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.
2. 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
6. 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 cognitively impaired 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 cognitively impaired 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 practitioner's details – Please use BLOCK LETTERS

Full name

Address

State

Postcode

Phone number

()

I am a registered medical practitioner and consider that

Elector's family name

Elector's given name(s)

Elector's date of birth

<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
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is cognitively impaired and incapable of understanding the nature and significance of enrolment and voting.

Medical practitioner's signature

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