

Voter Registration Challenge Application Form

Section 1: Challenger Information

Name:		Voter ID OR Date of Birth:
Address:		
Phone Number:	Email Address:	

Section 2: Challenged Voter Information

Name:	Voter ID:
Voter Registration Address:	

Section 3: Reason for the Challenge

- ☐ (1) The challenged voter is disqualified, pursuant to SDCL 12-4-18.
- ☐ (2) The challenged voter is deceased.
- ☐ (3) The challenged voter has voted or has registered to vote in another state.
- ☐ (4) The challenged voter is not a resident of this state, as defined in SDCL 12-1-4.

List of documentation provided to demonstrate the insufficiency of the challenged voter's qualifications:

Section 4: Affidavit (Notarization Required)

I, _____, under oath, attest that, to the best of my personal knowledge and belief, having exercised due diligence to personally verify the evidence presented, the challenged voter described herein is not qualified to vote and should be removed from the master registration file, pursuant to SDCL 12-4-58 to 12-4-63, inclusive. I attest that this application is not based on an unsupported allegation or the allegation of an anonymous third party. I understand that this application and the attached documentation may be provided to the challenged voter, and that the challenged voter may request a hearing to demonstrate their qualifications.	
(Signed) _____	
Sworn to before me this _____ date of _____, 20____.	
(Seal)	Signature of Officer Administering Oath
My Commission Expires _____.	Title of Officer Administering Oath

Section 5: County Auditor Determination

Challenged Voter ID:

Date of Filing: _____

Outside of 30 days before any election for Reason 1 or 2? YES -OR- NO

Outside of 90 days before any election for Reason 3 or 4? YES -OR- NO

The challenger is registered in _____ County.

Registration within the State of South Dakota for Reason 1 or 2? YES -OR- NO

Registration within the same County as the challenged voter for Reason 3 or 4? YES -OR- NO

List of documentation that has been verified, researched, and deemed valid:

Does the application raise a valid challenge? YES -OR- NO

I hereby certify that I have researched the challenged voter and have made a determination.
If the application raised a valid challenge, I have sent a verification request to the challenged voter.

Dated: _____

(Seal)

County Auditor Signature

County