

ADJUDICATED INCAPACITATED REPORT
List of Persons Adjudicated Incapacitated

Instructions:
Complete this form and send by mail to the Department of Elections. The report is due by the 15th of the following month. Check the appropriate box to distinguish any person who may still exercise their right to vote or by the names of any person receiving restoration of capacity.

_____ **Circuit Court**

_____ **Month/Year**
By: _____
_____ *Clerk of Circuit Court*

Full Name _____ Social Security _____

Resident Address _____

County/City of Residence _____ Date Adjudicated _____

County/City of Birth _____ Date of Birth _____

Retain the Right to Vote **Restoration of Capacity**

Full Name _____ Social Security _____

Resident Address _____

County/City of Residence _____ Date Adjudicated _____

County/City of Birth _____ Date of Birth _____

Retain the Right to Vote **Restoration of Capacity**

Full Name _____ Social Security _____

Resident Address _____

County/City of Residence _____ Date Adjudicated _____

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Full Name _____ Social Security _____
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CONTAINS SENSITIVE DATA: DO NOT TRANSMIT THIS FORM ELECTRONICALLY