**IN THE CIRCUIT COURT OF *\_\_\_\_\_\_\_\_\_\_* COUNTY, ARKANSAS**

**PROBATE DIVISION**

**In the Matter of**

***\_\_\_\_\_\_\_\_\_\_\_\_*, [An Incapacitated Person] No.**

**AFFIDAVIT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*medical professional)***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*, (Affiant) being duly sworn, deposes and says:

1. I am a licensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_**[psychiatrist, psychologist, physician, etc.]** in the state of Arkansas and I make this affidavit in support of Movant’s motion to reinstate their voting rights.
2. I have treated Movant since \_\_\_/\_\_\_/\_\_\_\_\_.
3. I have in the past and continue to treat Movant.
4. The Guardianship Order provides for a guardian to help Movant make decisions about his person or his property. The Order made no specific finding with respect to Movant’s capacity to vote. However, solely as a result of being assigned a guardian, Movant has been deprived of the right to vote.
5. **[If applicable]** During the course of my relationship with Movant, I have had discussions with them regarding their desire to vote. Movant would like the right to vote.
6. I examined Movant on \_\_\_/\_\_\_/\_\_\_\_. I concluded then that Movant is competent to vote in local, state, and federal elections. Movant understands the electoral process and understands the nature and effect of voting. Movant also has the capacity to make his own decisions regarding candidates and questions on the ballot. Movant has opinions about elections that he holds entirely on his own without undue outside influence.
7. An individual may need assistance from a guardian in making decisions in one or more areas of life, but may retain capacity to make decisions in another area of life. This is the case for Movant. Movant may need assistance from his guardian in making decisions about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[areas of decision making identified in the Order]**, but they are very capable of making informed decisions about voting.
8. I have reached my opinions based on my education and training, my **\_\_\_\_\_\_** years of experience as a health professional, my regular treatment of Movant over the past **\_\_\_\_\_** years, and my recent examination of Movant on **\_\_\_/\_\_\_/\_\_\_\_\_\_.**
9. I declare under penalty of perjury under the laws of the state of Arkansas that the foregoing is true and correct.

**VERIFICATION**

STATE OF ARKANSAS )

 )ss.

COUNTY OF PULASKI )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Affiant), state upon oath that I am aware of the statements made herein, and that the statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Affiant signature)(ONLY SIGN IN FRONT OF NOTARY)

Subscribed and sworn before me, a notary public, on this \_\_\_ day of \_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: