



Voter Intimidation Questionnaire

Part I: Interviewer Information

Name:

Phone & email:

Date and time of interview:

Location of interviewer:

Interview in person or by phone:

Part 2: Respondent Information

Name:

City & County of Residence:

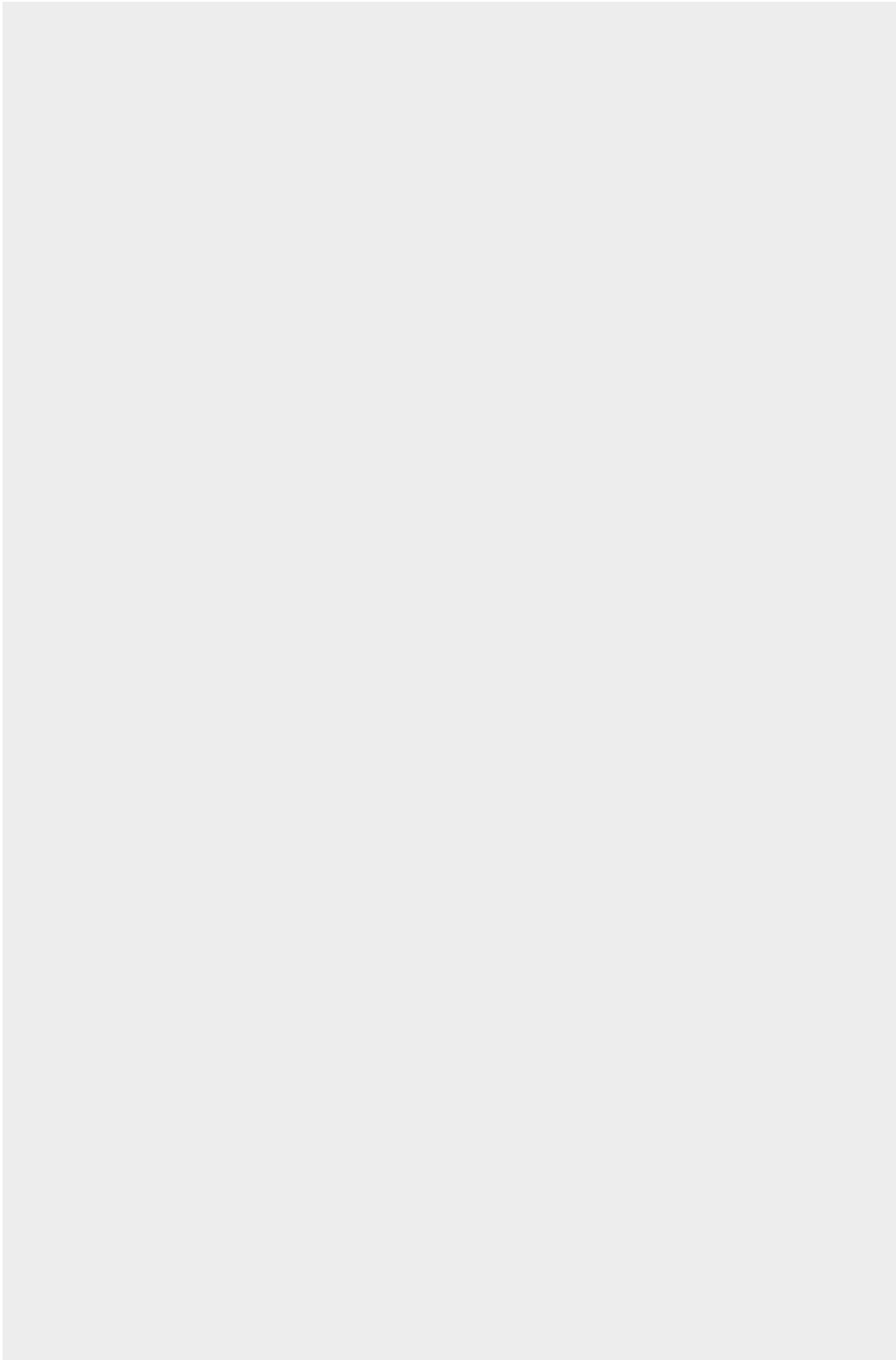
Phone & email:

Voting Location:

Current Location:

PART 3: Incident Overview

Please describe what happened in as much detail as possible.

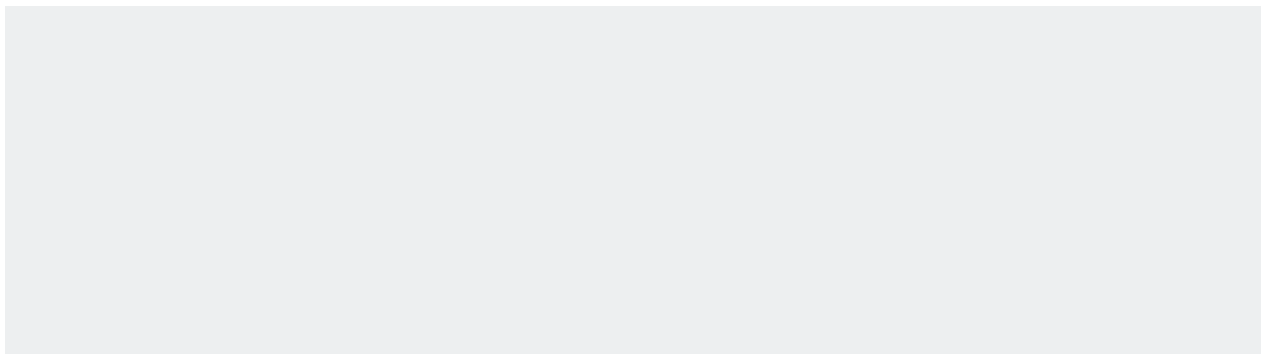


PART 4: Incident Details

Make sure to answer the following questions in as much detail as possible. Use the space below the bullets to answer each question, and cross off the bullet as you've answered it below. If the answer is covered in the section above you do not need to repeat--just cross off the bullet.

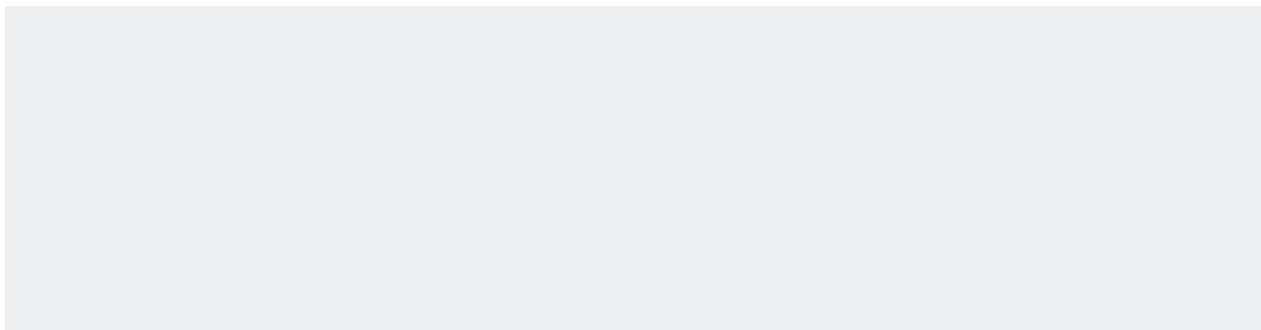
When & Where

- Date and exact time of day
- Precise location
- Indoors or outdoors?
- How far from the polling location, drop box, or elections office?



Who Tried to Intimidate You?

- Describe the person or people involved
 - » Age, gender, race, clothing
- How many people?
- Acting alone or clearly part of a group?
 - » If a group, how do you know?
- Did they identify themselves in any way?
- Did they appear to be law enforcement, a government official such as a poll worker, affiliated with a campaign or other organization?
- Were they wearing a mask and maintaining proper COVID safety procedures?



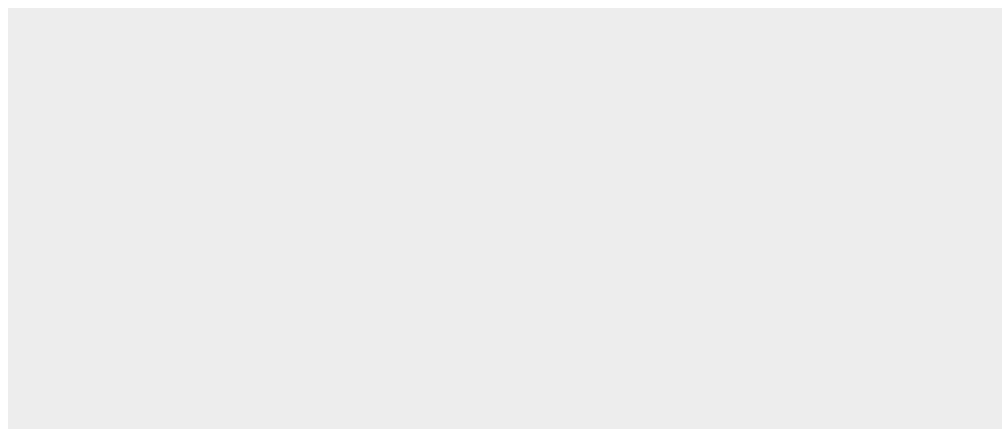
Exactly How Did They Try to Intimidate You?

- Verbally such as:
 - » General threats / warnings
 - » Racist or anti-immigrant slurs
 - » Questioning citizenship, criminal history, or other voting eligibility
 - » Saying you can't vote if you have unpaid tickets, utility bills
 - » Telling you your public benefits are at risk from voting
 - » Threatening to call law enforcement
 - » Other misleading information
- Requesting or recording personal information (license plate #, other info)
- Following you, watching you
- Taking photos or filming you
- Did they have signs or use slogans?
- Law enforcement: traffic stop, immigration enforcement, etc.
- Pretending to be law enforcement

PART 5: Effect on Your Voting Experience

How did this incident affect the respondent's voting experience? First ask generally, and then be sure to ask about each of the bullets.

- Did you end up voting or not?
- Did you experience fear for your physical safety?
- Did you experience fear of another consequence, such as for your employment, public benefits, arrest by law enforcement, etc.?
- Did your voting experience take longer?
- Did this make you less likely to vote in the future?



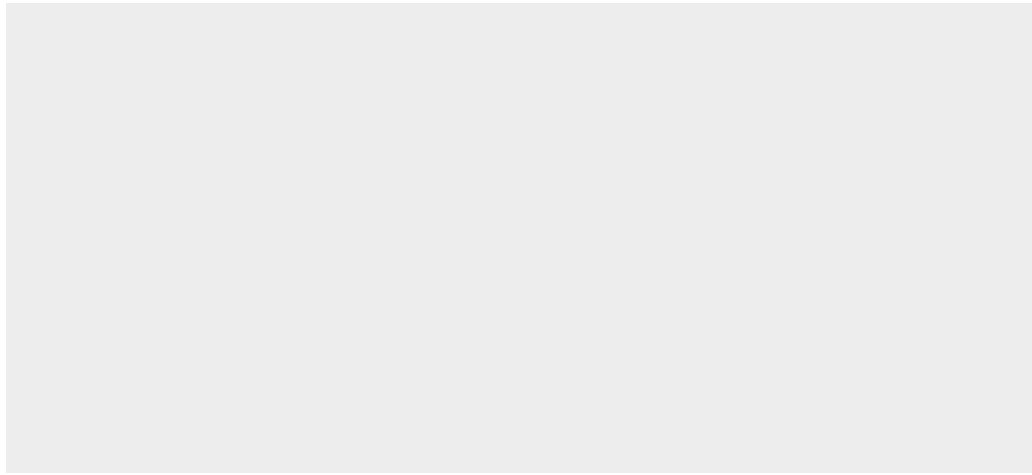
PART 6: Respondent Details

Are you registered to vote?	YES	NO	
Are you 18+ years old?	YES	NO	
Are you a U.S. citizen?	YES	NO	
Do you have any criminal convictions that prevent you from being eligible to vote?	YES	NO	
Were you intending to vote in this election:	Early	Election Day	No
Is it OK to have a voter safety expert reach out to you?	YES	NO	

PART 7: Witnesses, Outreach, or Other Evidence

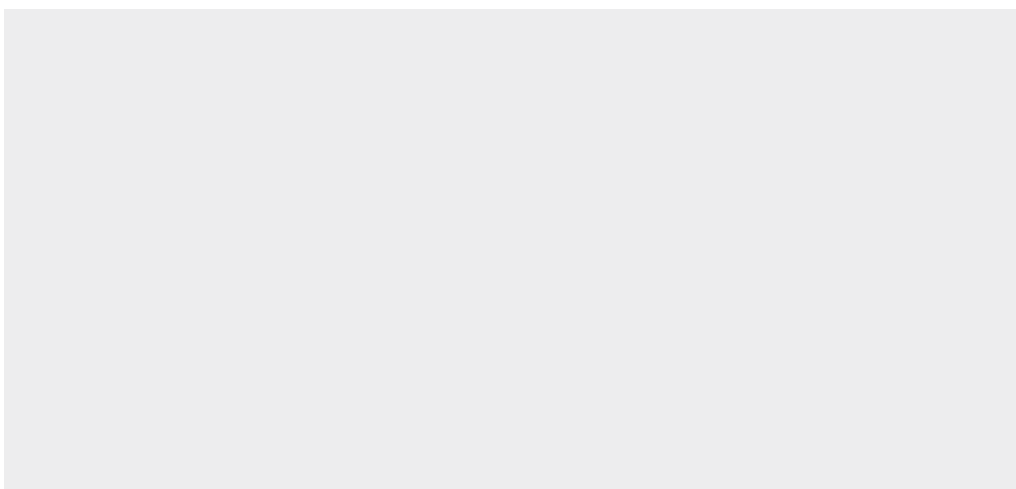
Please describe any evidence of the incident you know about.

- Photos (can you safely take?)
- Video (can you safely take?)
- Police report
- Other



Is there anyone else who witnessed the incident that we can contact to get more details and confirm what you've told us? Or did you do anything to address the problem such as tell a poll worker, call the police, etc.?

- Name
- Position / how you know (election official, friend, etc.)
- Phone / email



PART 8: Sworn Statement of Direct Victim of Intimidation

Declaration of _____
[name]

Pursuant to 28 U.S.C. § 1746, I _____,
[name]

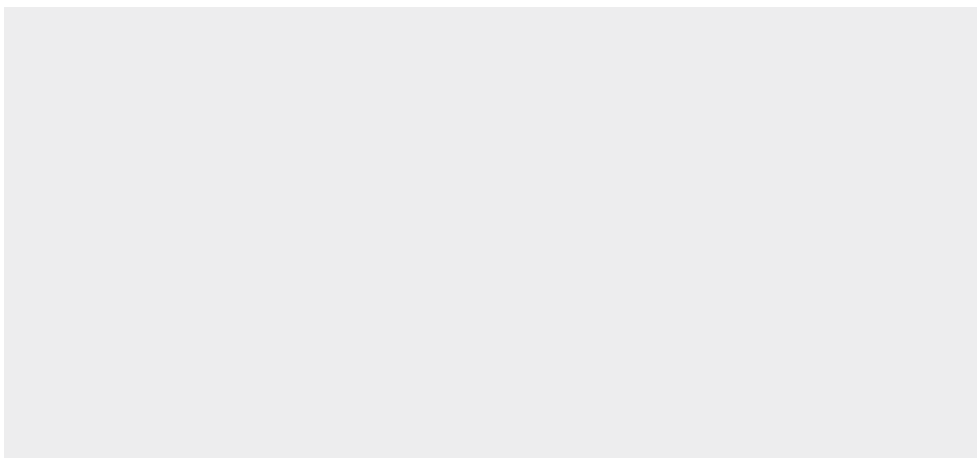
declare the following based on my personal knowledge:

1. I am over the age of 18 and fully competent to make this declaration.
2. I am a resident of _____.
[city, state of residence]
3. I am eligible and registered to vote in _____.
[city, state of residence]
4. I would [**like to vote / have voted**] in the election scheduled for November 3, 2020.
5. On _____, 2020 [**date of incident**] _____

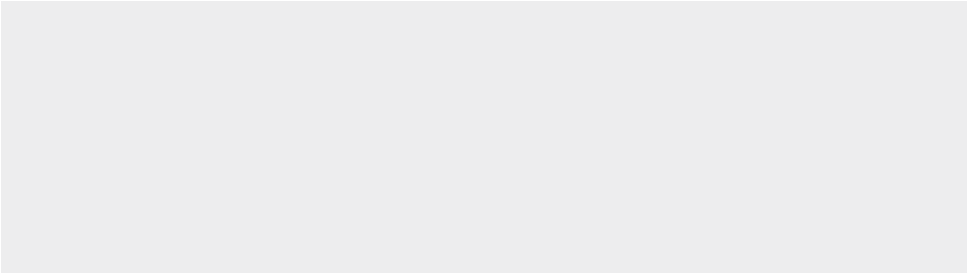
[name(s) or description(s) of person(s) who performed the intimidating acts] subjected me to intimidating acts, which interfered with my right to vote.

6. The incident(s) described below took place at the following location:

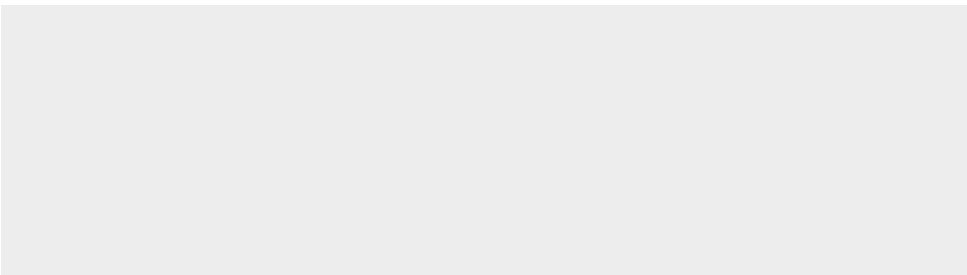
7. The person(s) identified in paragraph five of this declaration subjected me to the following intimidating acts:
 - a. [**Describe intimidating act(s)**]



8. I experienced intimidation as a result of the acts described in paragraph six of this declaration. This intimidation interfered with my right to vote, and affected my voting experience in the following ways:
- a. [Describe effect of intimidation]



9. I would have been able to exercise my right to vote without interference if the intimidating acts described in paragraph six of this declaration had not occurred.



10. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Date & Location: _____

[city, state of residence]

[signature]

[print name]

PART 9: Sworn Statement of Witness to Intimidation

Declaration of _____
[name]

Pursuant to 28 U.S.C. § 1746, I _____,
[name]
declare the following based on my personal knowledge:

1. I am over the age of 18 and fully competent to make this declaration.
2. I am a resident of _____.
[city, state of residence]
3. On _____, 2020 [date of incident] I witnessed the following individuals or organizations commit acts of intimidation:

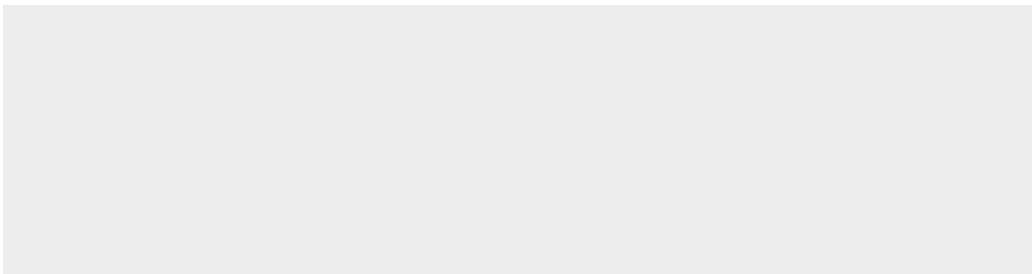
[name(s) or description(s) of person(s) who performed the intimidating acts]

4. The incident(s) described below took place at the following location:

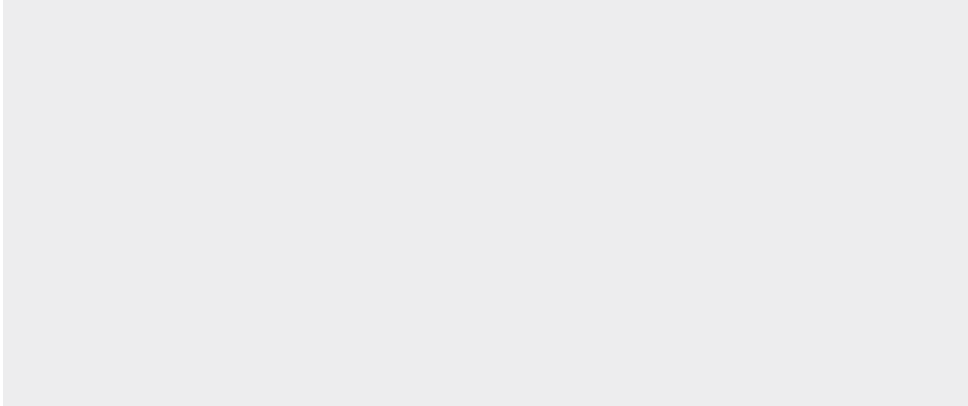
5. The acts were addressed to the following individual(s):

6. The person(s) identified in paragraph three of this declaration committed intimidating acts as follows:

- a. [Describe intimidating act(s)]



7. I witnessed the following effect(s) of the acts described above:
- a. [Describe effect of intimidation]



8. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Date & Location: _____
[city, state of residence]

[signature]

[print name]