

ACCESSIBLE VOTE BY MAIL PACKET

FOR ELECTION AUTHORITIES



2026 General Primary
Election

Instructions for Election Authorities on ACCESSIBLE VOTE BY MAIL



2026 General Primary Election
10 ILCS 5/19-2.6

01

To start

Send an electronic version of your certification/ballot privacy envelope to abeaty@elections.il.gov if you have updated this as of the 2025 Consolidated Election. If you have not made any updates, you are already good to go in the program and don't need to take any further steps prior to the application period.

02

Accepting AVBM Applications

Voters with a print disability can apply for an accessible vote by mail ballot. You can use the SBE's AVBM Processing template for assistance on processing AVBM applications and determining if a voter qualifies for an AVBM ballot. This is for inner office use and does not need to be shared with the SBE, but is recommended to use. *Note: a print disability is a temporary or permanent physical or mental impairment such as blindness, low vision, physical dexterity limitation, learning or cognitive disability, which prevents a person from the effective reading, writing, or use of printed material.*

You can use the SBE's AVBM Application template (similar to our VBM application template) to have voters complete to request a ballot. If you have created your own application or would prefer to use a different application, you can do so. The SBE has created an AVBM application for regular accessible vote by mail and permanent accessible vote by mail. **The SBE recommends you do not place restrictions on the manner in which a voter makes their AVBM request, but rather take the requests in the form in which they are made.**

An applicant must provide their email address on their application as that is where their ballot access link will be sent. Please advise the voter to check their spam or other filters to ensure communication from your office will be promptly delivered.

03

Receiving & Processing AVBM Applications

Within receipt of a proper AVBM application, you should:

- 1) prepare a PDF of that voter's ballot style
- 2) title it the name of your jurisdiction and the ballot style (i.e. Sangamon - Layden 1)
- 3) attach the PDF to an email to Felicia Erlich at felicia@democracylive.com
- 4) mail a certification envelope directly to the voter (who will print their ballot & return it this way)

Upon receipt, Felicia will convert the PDF and reply to you with an email that contains a link. This is the access link that you should forward to the voter, who will then be able to vote their ballot using that link.

04

Processing AVBM Ballots

Once received by your office, AVBM ballots should be processed/remade in the same manner as UOCAVA ballots. The SBE recommends to exercise consideration and discretion in evaluating the locations of the signatures on these ballots, while staying within the requirements of Articles 2B and 19 of the Election Code. AVBM may be returned in the same manner as a regular VBM ballot. We recommend maintaining a master list of AVBM voters separate from VBM voters. If you have mailed a VBM ballot and packet to an AVBM voter before the AVBM request has been made, treat the paper VBM ballot as a spoiled ballot.

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Accessible Vote by Mail Application Processing Form

To be completed by the election authority or their designated agent.

Voter Name: _____
(Last, First, MI)

Voter Date of Birth: _____ Voter SUID: _____

Voter Email Address: _____
(The address the AVBM ballot will be sent to)

Voter Precinct Number: _____ Voter Ballot Style: _____

Is the person registered to vote? YES NO:

Has this person applied to vote by mail? YES NO:

Does the person have a print disability*? YES NO:

If all boxes are checked Yes, then they are qualified to receive an accessible vote by mail ballot.

*A print disability is a temporary or permanent physical or mental impairment such as blindness, low vision, physical dexterity limitation, learning or cognitive disability, which prevents a person from the effective reading, writing, or use of printed material.

APPLICATION FOR ACCESSIBLE VOTE BY MAIL BALLOT

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
To be voted at the	Election
Date of Election	
Precinct	

For Election Authority's Use Only	
Ballot Style:	
Voter ID:	

For Election Judge's Use Only	
Initials:	
Voter's Consecutive Number:	

(Primary Only) I request a ballot for the: _____ Party.	
<input type="checkbox"/> Check here if you would like a nonpartisan ballot (referenda only)	

*Optional information; even though this is not required, providing it may aid in the processing of your ballot

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at said election to be held therein, and that I wish to vote by vote by mail ballot.

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

I understand that this application is made for an official vote by mail ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official vote by mail ballot or ballots to be voted by me at any subsequent election. I swear or affirm that I am a voter with a print disability, and as a result of this disability, I am making a request to receive a vote by mail ballot electronically so that I may privately and independently mark, verify, and print my vote by mail ballot.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature of Applicant

Today's Date

Address to which ballot should be mailed:
(if different from above)

IMPORTANT:

You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To:

**APPLICATION FOR PERMANENT
ACCESSIBLE VOTE BY MAIL STATUS**

Applicant's Name	
Street Address	
City, State, Zip	
County	
Date of Birth*	
Phone Number*	
Email*	
Precinct	

For Election Authority's Use Only	
Ballot Style:	
Voter ID:	
For Election Judge's Use Only	
Initials:	
Voter's Consecutive Number:	

*Optional information; even though this is not required, providing it may aid in the processing of your ballot

I am currently a registered voter and wish to apply for permanent vote by mail status.

I state that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at the next regularly scheduled election, and that:

I wish to vote by mail in all subsequent elections that do not require a party designation.

- or -

I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.

Democratic Republican Other* _____

I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14th day following election day.

I swear or affirm that I am a voter with a non-temporary print disability, and as a result of this disability, I am making a request to receive vote by mail ballots electronically so that I may privately and independently mark, verify, and print my vote by mail ballots.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature of Applicant

Today's Date

Address to which ballot
should be mailed:
(if different from above)

IMPORTANT:

You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To:

*Voter will only receive a primary ballot if the party listed is an established party in a race in which the voter is entitled to vote.

Steps for returning your accessible vote by mail ballot

#1



After marking your ballot on your device, print the “ballot.”

#2



Locate your vote by mail packet sent to you by your jurisdiction.

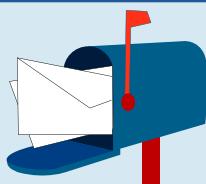
#3

The smaller envelope inside the larger envelope is your certification/ballot privacy envelope. Place the ballot inside this envelope. *You must sign this envelope* and include your name, address, and the date. There should be something just to the left of where you should sign.

#4



Place the certification envelope into the larger envelope. You can return your ballot in-person, by mail, or via collection site drop box.



If returning by mail, a delivery company licensed as a “motor carrier of property” by the Illinois Commerce Commission can make the delivery.



An authorization form on the certification envelope needs filled out if an authorized person (aside from mail) is returning your ballot.

If returning by mail, the ballot must be postmarked and returned by Election Day, March 17, 2026.

If returning in person or to a collection site drop box, ballot must be returned by 7:00 PM, March 17, 2026.

Illinois' Accessible Vote by Mail Program



What is Accessible Vote by Mail?

Accessible vote by mail (AVBM) is a required accommodation for Illinois voters with print disabilities. This lets voters receive their ballot electronically from their election authority and vote privately and independently at home using their own devices.

Things to note:

- Ballots are not returned electronically.
- The "ballot" is printed out by the voter and returned via the certification envelope to the election authority, who then processes the voter's ballot similar to a military voter.

What steps are required for the VOTER?

1. Make sure you are a registered voter in the jurisdiction you will be requesting a ballot, with a disability that prohibits you from independently reading, marking, and verifying a regular vote by mail ballot.
2. Apply for an accessible vote by mail ballot by March 12th with the election authority (for most of you that is your county clerk, for a few of you that is your city's election director's office).
 - a. Please note: an email will be required for this application process as that is how you will receive the link for your ballot.
3. Fill out the ballot on your electronic device and then print when completed.
4. In the certification envelope received by the election authority, return the printed "ballot" back to the election authority as instructed.