

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 300.00.05	<b>Page</b> 1 of 2
	<b>Original Effective Date:</b> 02/22/07	<b>New Effective Date:</b> 01/19/18
	<b>Supersedes:</b> 300.00.05	<b>Dated:</b> 02/22/07
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
<b>Chapter:</b> 300 Administrative		
<b>Subject:</b> Inmate Voting		

**POLICY**

The Division of Adult Institutions shall notify all affected inmates they cannot vote in any election until their civil rights are restored.

**REFERENCES**

Wisconsin State Statute 6.03(1)(b) – Disqualification of Electors  
Wisconsin State Statute 301.03(3a) – General Corrections Authority  
Wisconsin State Statute 973.09(4m) - Probation  
Wisconsin State Statute 973.176(2) - Voting  
2005 Wisconsin Act 451 – Relating to Administration of Elections

**DEFINITIONS, ACRONYMS, AND FORMS**

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2352 - Ineligible Voting Notice and Acknowledgment

**PROCEDURE**

- I. DAI staff shall notify affected inmates no sooner than 6 months prior to their release they are ineligible to vote and have them sign the DOC-2352.
- II. Affected inmates are those serving a felony sentence, released to parole, extended supervision, or maximum discharge with another felony probation case to serve.
- III. DAI staff shall witness the inmate signing the DOC-2352. If after notification an inmate refuses to sign the DOC-2352, staff shall note on the form the inmate was notified and refused to sign.
- IV. The completed DOC-2352 shall be placed in the inmate's legal file.

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
 Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 000.00.00	<b>Page</b> 2 of 2
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> Title		
<b>Subject:</b> Title		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other