CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM - VOLUNTEER

Amendment Information

Ballot Title: Offender Reintegration Program

Ballot Summary: Extends the Florida Commission on Offender Review's authority to develop a standardized

offender reintegration program, to place on supervised release (reintegration status) all qualifying offenders, including juvenile offenders, who have both served minimum sentence requirement and demonstrated an ability to live lawful, productive lives in society, and to terminate reintegration status of offenders who meet all financial obligations unless waived by Commission. Capital sexual offenders and death sentenced offenders are ineligible.

See separate document for the full text of the proposed constitutional amendment.					
Date Approved	09/15/2022	Serial Nun	nber220	6	
Sponsor's Information (Return all completed petition forms to the address below.) Name: Floridians for Redeemable People					
Address: Post Offi	Iress: Post Office Box 520337 Longwood, FL 32752				
Voter's Information I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.					
Name - Last	F	irst		Middle	
Address					
City	Zi	р		County	
Update my voter registration record to this address. (check box)					
Registration No.		or [Date of Birth	M M / D D / Y Y Y	
Signature			Date Signed		
Petition Circulator's Information					



This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.

Visit https://dos.elections.myflorida.com/InitiativePetitions/ for more information.

Attention

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- An improperly completed form will not be validated.

DS-DE 155A (10-2021)

R1S-2.009, Fla. Admin. Code