



State of New Jersey
CASINO CONTROL COMMISSION
 TENNESSEE AVENUE AND BOARDWALK
 ATLANTIC CITY NJ 08401

REQUEST FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

This form is to be completed by a person requesting self-exclusion from gaming activities in all New Jersey licensed casinos and simulcasting facilities pursuant to N.J.A.C. 19:48-2.1 through 2.5.
 All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. NAME: _____
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

2. ARE YOU KNOWN BY ANY OTHER NAME OR NAMES? YES NO
IF YES, LIST THE ADDITIONAL NAMES(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME)

3. HOME ADDRESS: _____
NUMBER AND STREET APT#

CITY STATE ZIP CODE

4. PRIMARY TELEPHONE NUMBER: _____
AREA CODE NUMBER

5. SOCIAL SECURITY NUMBER*: _____
**DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. SEE INSTRUCTIONS FOR FURTHER DETAILS.*

6. DATE OF BIRTH: _____ / _____ / _____ 7. HEIGHT: _____ FT-IN 8. WEIGHT: _____ LBS
MONTH DAY YEAR

PLEASE CHECK APPROPRIATE BOX

- | | | | |
|---|--|--|--|
| <p>9. HAIR COLOR:</p> <input type="checkbox"/> (BK) BLACK
<input type="checkbox"/> (BR) BROWN
<input type="checkbox"/> (BD) BLOND
<input type="checkbox"/> (RD) RED
<input type="checkbox"/> (GY) GRAY
<input type="checkbox"/> (WH) WHITE
<input type="checkbox"/> (BA) BALD | <p>10. EYE COLOR:</p> <input type="checkbox"/> (BK) BLACK
<input type="checkbox"/> (BR) BROWN
<input type="checkbox"/> (HZ) HAZEL
<input type="checkbox"/> (BL) BLUE
<input type="checkbox"/> (GY) GRAY
<input type="checkbox"/> (GR) GREEN | <p>11. SEX:</p> <input type="checkbox"/> (M) MALE
<input type="checkbox"/> (F) FEMALE | <p>12. RACE:</p> <input type="checkbox"/> (C) CAUCASIAN
<input type="checkbox"/> (B) BLACK
<input type="checkbox"/> (H) HISPANIC
<input type="checkbox"/> (A) ASIAN
<input type="checkbox"/> (N) NATIVE AMERICAN |
|---|--|--|--|

13. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

14. MINIMUM SELF-EXCLUSION PERIOD (Choose One) ONE YEAR FIVE YEARS LIFETIME

WAIVER AND RELEASE

I hereby release and forever discharge the State of New Jersey, the Casino Control Commission and its employees and agents, the Division of Gaming Enforcement and its employees and agents, and all New Jersey casino licensees and simulcasting facilities and their employees and agents from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion or my request for removal from the Self-Exclusion List including (1) its processing or enforcement, (2) the failure of a New Jersey casino licensee to withhold gaming privileges from, or to restore gaming privileges to, me, (3) permitting me to engage in gaming activity in a licensed casino or simulcasting facility while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGMENT

I am voluntarily requesting exclusion from all gaming activities at all New Jersey licensed casinos and simulcasting facilities because I am a problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Casino Control Commission to direct all New Jersey casino licensees to restrict my gaming activities in accordance with this request and, unless I have requested to be excluded for life, until such time as the Commission removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion. I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all licensed casinos and simulcasting facilities, and that any money or thing of value obtained by me from, or owed to me by, a casino licensee as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture.

APPLICANT'S SIGNATURE: _____ DATE: _____

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DO NOT WRITE BELOW ----- FOR COMMISSION/DGE PERSONNEL USE ONLY

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TYPE OF I.D. OFFERRED: _____

I certify that the signature of the person requesting the suspension of their gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

Commission Employee or DGE Employee (circle one)

Date

Forwarded to Casinos: _____
Date

Commission Employee

SELF-EXCLUSION PROGRAM CHECK LIST

- _____ Did you read and understand the Instructions and Request for Voluntary Exclusion from Casino Gambling (Request Form)? Do you have any questions concerning the Instructions or Request Form?
- _____ Do you understand that by requesting to be placed on the Self-Exclusion List you are acknowledging that you are a problem gambler?
- _____ Do you understand that by signing the Request Form you are authorizing all New Jersey licensed casinos and simulcasting facilities to exclude you from all gaming activities? Do you understand that New Jersey licensed casinos and simulcasting facilities can share this information with their appropriate agents, including other New Jersey licensed casinos and affiliated gaming entities in other jurisdictions, for responsible gaming purposes? Do you understand that the responsible gaming programs of New Jersey licensed casinos and simulcasting facilities might be more strict than New Jersey's voluntary self-exclusion program, possibly resulting in you being excluded from all areas of a casino company's gaming and non-gaming properties in and outside of New Jersey and for a period of time longer than your chosen self-exclusion term?
- _____ Do you understand that you have three options for your minimum self-exclusion period: one year, five years, or lifetime? Do you understand that if you choose the one year or five years exclusion period you will remain on the Self-Exclusion List until the chosen minimum self-exclusion time period has elapsed? Do you understand that you may submit a written request to the Casino Control Commission to terminate your voluntary self-exclusion only after the chosen minimum self-exclusion time period has elapsed? Do you understand that if you choose the lifetime option you cannot, under any circumstances, be removed from the Self-Exclusion List?
- _____ Do you understand that your photograph will be taken and distributed to all New Jersey licensed casinos and simulcasting facilities as part of your request for self-exclusion?
- _____ Do you understand that if you gamble at a New Jersey licensed casino during any period of self-exclusion, you cannot collect your winnings or recover your losses?
- _____ Do you understand that the State of New Jersey, the Casino Control Commission, the Division of Gaming Enforcement and their employees are not responsible for any act or failure to act relating to your self-exclusion?
- _____ Do you understand that it is your personal responsibility and not the responsibility of the State of New Jersey, the Casino Control Commission, the Division of Gaming Enforcement or any New Jersey licensed casino or simulcasting facility to stop you from entering a New Jersey licensed casino or simulcasting facility?
- _____ Do you understand that these questions are not meant to be a complete explanation of the Self-Exclusion Program and that a copy of the statute and regulations will be given to you to review?
- _____ Do you represent that you are not under duress or under the influence of any substance (e.g. alcohol, drugs or medication) and you do not have any condition that might impair your ability to understand the Instructions and Request Form and this supplemental form?
- _____ Do you have any questions about your request for self-exclusion?

I acknowledge that a representative of the Casino Control Commission or Division of Gaming Enforcement reviewed the above questions with me.

Applicant's Signature: _____

Date: _____

CCC/Division Representative: _____

Date: _____

How did you learn of the Self-Exclusion Program? _____