State of New Jersey

CASINO CONTROL COMMISSION

General Counsel Office

CASE INFORMATION STATEMENT

You have the right to appeal the action taken against you by the New Jersey Division of Gaming Enforcement and must file this document within the timeframe provided on the letter accompanying this form.

APPELLANT'S INFORMATION

NAME:				
COMPANY NAME:		CREDENTIALS:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	PHONE NUMBER:
EMAIL ADDRESS:				

ATTORNEY INFORMATION (IF APPLICABLE)

NAME:				
STREET ADDRESS:	CITY:	STATE:	ZIP:	PHONE NUMBER:
EMAIL ADDRESS:				

I, _____, request a hearing to appeal the action or determination taken against me by the New Jersey Division of Gaming Enforcement.

Reason for my Appeal Hearing Request:

- ❑ Notice of violation
- ❑ Casino Service Industry Enterprise license ruling
- ❑ Ruling on application for any license other than Casino Service Industry Enterprise
- ❑ Revocation of a license or registration
- ❑ Ruling on a request for statement of compliance
- ❑ Placement on an exclusion list
- ❑ Other (please describe briefly basis for appeal):

_____

_____

_____

Give Date and Summary of Final Action or Decision being appealed and attach a copy of order and decision:

Give a brief statement of the facts and procedural history:

To the extent possible, list the proposed issues to be raised on appeal.

Is there any evidence you would like to present during your appeal that was not admitted in your hearing before the New Jersey Division of Gaming Enforcement? ❑ Yes ❑ No

If yes, please provide a summary list of any new evidence (do not attach copies):

_____

_____

_____

Evidence of financial issues that have been resolved by payment plan or payment toward any debt (if applicable).

Submit the following with this Case Information Statement:

- ❑ A copy of the New Jersey Division of Gaming Enforcement filing that precipitated the final action being appealed;
- ❑ A copy of the New Jersey Division of Gaming Enforcement decision and order being appealed;
- ❑ A copy of the transcript(s) from the hearing before the New Jersey Division of Gaming Enforcement; and,
- ❑ A copy of the exhibits admitted into evidence at the hearing before the New Jersey Division of Gaming Enforcement.

Do you want an opportunity to present oral argument?

- ❑ Yes, I would like an opportunity to present oral argument.
- ❑ No, I do not want an opportunity to present oral argument.

I understand that it is my responsibility to notify the New Jersey Casino Control Commission of any change(s) to my contact information. Further, I also understand that the New Jersey Casino Control Commission may dismiss my appeal if I do not attend the scheduled proceedings or fail to provide any requested information and documentation.

SIGNATURE OF APPELLANT	PRINT NAME OF ATTORNEY OF RECORD (IF APPLICABLE)
DATE	SIGNATURE OF ATTORNEY OF RECORD/DATE

LANGUAGE SPOKEN (IF NOT ENGLISH): _____

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION? ❑ YES ❑ NO

Return form to:

New Jersey Casino Control Commission
ATTN: General Counsel Office
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401

You will be notified by mail of the date and time of your Appeal Hearing. Should you require additional information regarding the appeal process, please contact the New Jersey Casino Control Commission's General Counsel Office:

Email: Teresa.Pimpinelli@ccc.nj.gov
Telephone: 609.402.0820
Facsimile: 609.441.7394

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