



State of New Jersey  
**CASINO CONTROL COMMISSION**  
**RIGHT TO APPEAL**

## NOTICE OF RIGHT TO APPEAL

1. Please be advised that pursuant to N.J.S.A. 5:12-63(b), you have the right to appeal any final action or determination taken in your matter by the New Jersey Division of Gaming Enforcement (Division). You may be represented by an attorney, but you are not required to obtain an attorney.
2. The appeal process gives you the opportunity to be heard by the New Jersey Casino Control Commission (Commission) if you are unable to reach a settlement or are dissatisfied with the Division Director's final decision in your matter.
3. **Please note:** If you entered into a settlement with the Division, you will **not** be permitted to file an appeal in your matter.
4. You will have **20 days** from the date the Commission notifies you of your right to appeal to seek an appeal, and to complete and file an **Appeal Request Form** with the Commission.
5. If you wish to exercise your right to appeal you must do so in writing. Please complete and return an **Appeal Request Form** by mail, fax or email to the Commission's Hearings and Appeals Unit. You may obtain a copy of the form on the Commission's website ([www.nj.gov/casinos/meetings/notices](http://www.nj.gov/casinos/meetings/notices)) or one can be mailed to you.
6. For more information concerning the Commission's appeal process or to request a form be mailed to you, please contact the Commission's Hearings and Appeals Unit.

Should you require additional information regarding this process, please contact the New Jersey Casino Control Commission's Hearings and Appeals Unit:

New Jersey Casino Control Commission  
Tennessee Avenue and Boardwalk  
Atlantic City, New Jersey 08401

Email: [cccappeals@ccc.state.nj.us](mailto:cccappeals@ccc.state.nj.us)

Telephone: 609.441.3758

Facsimile: 609.441.7394

Website: [www.nj.gov/casinos/](http://www.nj.gov/casinos/)



State of New Jersey  
**CASINO CONTROL COMMISSION**  
**APPEAL REQUEST FORM**

New Jersey Casino Control Commission  
 ATTN: Hearings and Appeals Unit  
 Tennessee Avenue and Boardwalk  
 Atlantic City, New Jersey 08401

To Whom It May Concern:

I, \_\_\_\_\_, request to appeal the final action  
PRINT NAME  
 or determination taken in my matter by the New Jersey Division of Gaming Enforcement as permitted by N.J.S.A. 5:12-63(b). I understand that it is my responsibility to notify the New Jersey Casino Control Commission of any change(s) to my address and/or other contact information. I also understand that if I fail to attend any scheduled conference or hearing date(s), my ability to work in the Atlantic City casino industry may be negatively affected (if applicable) and my appeal may be dismissed. **(Please include a copy of the Division Order from which you are appealing.)**

\_\_\_\_\_  
 LEGAL SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 MAILING ADDRESS: NO. AND STREET, APT., SUITE, RD. NO.

\_\_\_\_\_  
 CITY, STATE, ZIP CODE

(      )

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
 LANGUAGE SPOKEN (IF NOT ENGLISH)

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION?  Yes  No

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