

Jackpot Notification Form

New Jersey Division of Gaming Enforcement



Rev.7/18/24

This Form must be used for reporting all jackpots of \$40k and over. Only send the following items as an attachment to jackpot@njdge.gov.

1. A completed copy of this form.
2. Screenshot of the Child Support Lookup (Results Screen ONLY). Do not include fields containing Social Security (SSN) numbers.

Casino Name (Land Based) or Internet Gaming
Website (Internet Gaming):

Jackpot Date (MM/DD/YYYY):

Jackpot Time (24 hour format 0000-2359):

Amount Won:

Amount Wagered:

Progressive Reset Amount (N/A if not applicable):

Game Manufacturer:

Game Theme:

Denomination (multiple denominations
can be reported as MULTI) :

Winning Combination:

Asset Number (Land Based only):

Location Number (Land Based only):

Patron - First Name:

Patron - Last Name:

Patron - Street Address:

Patron - City:

Patron - Zip code:

Patron - State:

Patron - Date of Birth (MM/DD/YYYY):

Employee that performed Child Support
Lookup - First Name:

Employee that performed Child Support
Lookup -Last Name:

Child Support Amount Withheld (Enter \$0 for none):

Is the Child Support RESULTS ONLY screen attached?: Yes No