

Jackpot Notification Form

New Jersey Division of Gaming Enforcement



This Form must be used for reporting all jackpots of \$50k and over. Only send the following items as an attachment to jackpot@njdge.org

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 :

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