

Application for Maryland Voluntary Exclusion List

Instructions – Read carefully

- Read this entire form and the attached Summary of Maryland Voluntary Exclusion Rules before answering the questions.
- Print the answers to all questions in blue or black ink.
- Present a valid driver’s license or government-issued identification.

Important Notice

By signing and submitting this Application, you are asking to be placed on the Voluntary Exclusion List of the Maryland Lottery and Gaming Control Commission (Commission). If your Application is accepted, you will be prohibited from (1) entering any Maryland casino and from playing any video lottery terminals (slots) or table games in a Maryland casino; (2) playing any game offered by the Maryland Lottery; or (3) both. This prohibition will last for at least two years, and may be lifted only by the Commission.

Section 1: Verifications

Do you need a language interpreter to fully understand this program and the questions in this Application?

Yes No Initial _____

If yes, complete Section 7

Are you under the influence of any alcoholic beverage, controlled substance or prescription drug that would prevent you from making a sober and informed decision?

Yes No Initial _____

If yes, stop the interview

Are you completing this Application of your own free will?

Yes No Initial _____

If no, stop the interview

Maryland residents only: Do you want to be contacted by phone or email by the Maryland Lottery and Gaming Agency’s Responsible Gambling Coordinator for information on how to receive a confidential problem gambling assessment?

Yes No Initial _____

If yes, give a confidential phone number or email address where you can be reached: _____

Section 2: Personal Information

1. Full legal name:

 First name Initial Last name

2. Alias/nicknames/other names used:

 First name Initial Last name

 First name Initial Last name

3. Current home address: _____
County of Residence _____
Street and Number/P.O. Box _____
City _____ State _____ Zip _____

4. Previous address: _____
Street and Number/P.O. Box _____
City _____ State _____ Zip _____

Email Address: _____

5. Home telephone: _____

6. Mobile telephone: _____

7. Social Security number: _____

8. Date of Birth: _____

9. Gender: Male Female

10. Physical description:
Height _____ Weight _____
Hair Color _____
Eye Color _____

11. Contact lenses: Yes No

12. Hispanic or Latino origin? Yes No

13. Racial Category - Multiracial respondents may check all that apply:
 White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Other _____

14. Driver's license state and number: _____

15. Driver's license/Expiration Date: _____

16. **Passport Information:**
Country of citizenship _____
Passport number _____
Alien registration number _____

17. Complexion
 Light Medium Dark

18. Noticeable physical characteristics (birth marks, scars, tattoos, etc.)

19a. I request placement on the **Casino** Voluntary Exclusion List for a period of:
 At least two years Life

19b. I request placement on the **Lottery** Voluntary Exclusion List for a period of:
 At least two years Life

20. I was referred by:
 Casino employee Signs at the casino
 Signs at a Lottery retailer Family member
 Mental health care provider/counselor
 Self Other _____

Section 3: Release from Liability

I expressly release, hold harmless and forever discharge the State of Maryland, the Maryland Lottery and Gaming Commission, and their employees, agents and representatives, from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of, or by reason of any act or omission relating to, this application for, or placement on, the Commission's Voluntary Exclusion List.

Signature of Applicant for Voluntary Exclusion

Date

Section 4: Acknowledgments

By applying to be placed on the Voluntary Exclusion List, I am acknowledging that I have a problem with gambling. I am sober and informed and applying for the Voluntary Exclusion List of my own free will.

I am requesting to be placed on the list of voluntarily excluded individuals. The period of this placement is at least two years, and may be for life

The Commission will use the information that I provide in this Application for the purpose of deciding whether I am eligible for inclusion on the Voluntary Exclusion List, and to include me on the list if I am determined to be eligible. My refusal to provide requested information may cause the Commission to reject my Application for voluntary exclusion.

The Commission is required by Maryland law to maintain the Voluntary Exclusion List, and to tell casino operators who is on the list. A casino operator may disclose this information only to specific casino staff and, if pursuing criminal charges against an individual on the Voluntary Exclusion List, to law enforcement officers. This information is not otherwise generally available for public inspection under Maryland's public records laws. I have the right to inspect, amend, or correct the records that contain personal information about me.

I will not automatically be removed from the Voluntary Exclusion List at the end of the period of my exclusion. To be removed from the List, I must have been on it at least two years. Then, I must submit a request to the Commission with all necessary supporting documentation, and the Commission must approve my request. To be removed from the Voluntary Exclusion List, I must have completed a: (1) a problem gambling assessment (2) fulfilled any recommended treatment and (3) complete a healthy decision-making program if no treatment was recommended.

I understand that a problem gambling assessment and/or treatment is available by contacting the Center of Excellence on Problem Gambling in Maryland.

I accept the risk of potential or actual adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the authorization release of the information in this Application.

I certify that the information that I am providing in this Application is true and accurate.

My signature below means that I understand my responsibilities, and the possible consequences, associated with being on the Voluntary Exclusion List.

Signature of Applicant for Voluntary Exclusion

Date

Section 5: Casino Voluntary Exclusion: Authorization to Release Information and Acknowledgments:

To be completed only by individuals applying for exclusion from casinos

Authorization to Release Information: I authorize the Commission to release and disseminate the information provided on this Application to casino operators in order to enforce my voluntary exclusion. My signature below authorizes the Commission to direct all Maryland casinos and operating agents to restrict my gaming activities in accordance with this request.

If I am placed on the Voluntary Exclusion List:

1. I understand that for the entire period of my exclusion, I am prohibited from entering any Maryland casino or playing a table game or video lottery terminals ("slots"). Yes No Initial _____

2. It is my responsibility to stay out of all Maryland casinos. Yes No Initial _____

3. I understand I may be subject to criminal action for trespass if I enter any Maryland casino. Yes No Initial: _____

4. I understand that Maryland casinos may ban me from their affiliated casinos in other jurisdictions. (For example, if an owner or operator of a Maryland casino owns or operates a casino in another state, the non-Maryland owner/operator may decide to deny you service at all its locations.) Yes No Initial _____

5. I contractually agree that, if I do gamble at a Maryland casino, I will redeem or liquidate all unredeemed items that have monetary value and designate that the proceeds of these redeemed casino items be contributed to the Problem Gambling Fund. "Unredeemed item" generally means a noncash item, such as a token, voucher, ticket or chip, that is won by gambling. Yes No Initial _____

6. I am required to enter a Maryland casino in the performance of my job duties. Yes No Initial _____

If yes, provide the following information:

Employer _____

Job Title _____

Maryland Gaming License Number (if applicable): _____

Signature of Applicant for Voluntary Exclusion

Date

Section 6: Acknowledgments - Lottery Voluntary Exclusion

To be completed only by individuals applying for exclusion from lottery

If I am placed on the Voluntary Exclusion List:

1. I understand that I am self-prohibited from playing any Maryland Lottery game. Yes No Initial _____

2. It is my responsibility to refrain from purchasing any Maryland lottery tickets or otherwise participating in the play of a Maryland lottery game or promotion. Yes No Initial _____

3. I contractually agree that, if I do play the Maryland Lottery, I will redeem or liquidate all unredeemed items that have monetary value and designate that the proceeds of these redeemed items be contributed to the Problem Gambling Fund. "Unredeemed item" generally means a noncash item, such as a token, voucher, ticket or chip, that is won by gambling. Yes No Initial _____

Signature of Applicant for Voluntary Exclusion

Date

Section 7: Interpreter Information

The Commission has access to State-approved Interpreters, which must be used for all applicants requiring Interpreter services.

Date used: _____

Language Identified for Applicant: _____

Length of time for Application: _____

Language Solution's MLGCA ID#: _____

Section 8: Certification

Applicant:

Do you have any unanswered questions regarding voluntary exclusion that you believe prevents you from making an informed decision about whether to complete and sign this Application? Yes No Initial _____

If yes, the interview is terminated.

MLGCA Staff:

I witnessed _____ sign his/her name to this Application. This individual appears not to be under the influence of any alcoholic beverage, controlled substance or prescription medication, and appears to be knowingly and voluntarily applying for exclusion. The signature, physical description and identity of this individual match the individual's photograph and credentials, photocopies of which are attached to this Application.

Signature of Commission employee

Printed name

Date

Location

The Commission employee or designated agent shall verify the signature of the individual submitting the Application and inform the individual that he/she will be notified, in writing, by the Commission whether the Application is approved and the individual is placed on the Voluntary Exclusion List.

For Internal Use Only

Date Received: _____

Date Processed: _____

By: _____

Approved: _____ Denied: _____