

**3772-12-02 Application for voluntary exclusion.**

(A) An application for voluntary exclusion shall be available at the commission's office in Columbus and at the on-site commission facility in each casino facility.

(B) An individual may request to be excluded from a casino facility in this state by:

(1) Requesting an application in person from commission staff or a designated agent; and

(2) Completing an application for voluntary exclusion on a form required by the commission in the presence of commission staff or a designated agent.

(C) If an individual is unable to appear in person at the commission's office in Columbus or at an on-site commission facility in a casino facility, the individual may contact the commission's Columbus office during regular business hours so that other arrangements can be made.

(D) After receipt of a completed application for voluntary exclusion, commission staff or its designated agent shall interview the individual in order to:

(1) Ascertain that the individual is voluntarily applying for exclusion;

(2) Ascertain that the individual is fully informed of the consequences of being placed on the voluntary exclusion list; and

(3) Confirm the information provided in the application.

(E) As part of the request for voluntary exclusion, the individual must elect the time period for which he or she wishes to be voluntarily excluded. An individual may select any of the following time periods as a minimum length of exclusion:

(1) One year;

(2) Five years; or

(3) Lifetime.

After an individual's request for voluntary exclusion has been processed by the commission and the individual's name is added to the voluntary exclusion list, that individual may not apply to decrease the length of exclusion. A voluntarily excluded individual who elected to participate in the program for a period of one year or five years may resubmit a request for voluntary exclusion at any time to increase the minimum length of exclusion. An individual who has been voluntarily excluded for a period of one year or five years will continue to appear on the list after the expiration of that time period until such time as he or she completes a request for removal under rule [3772-12-05](#) of the Administrative Code. An individual that selects lifetime, cannot request removal under rule [3772-12-05](#) of the Administrative Code.

(F) The list of individuals participating in the voluntary exclusion program and the personal information of those individuals shall be confidential pursuant to division (D)(10)(d) of section [3772.03](#) of the Revised Code and shall be disseminated by the commission to a casino operator and casino operator's agents and employees for purposes of enforcement and to other entities, upon request of the participant and agreement by the commission.

(G) Each casino operator shall be notified by the commission of the placement of any individual on the voluntary exclusion list. All information contained in the individual's application for voluntary exclusion may be disclosed to a casino operator. A casino operator may disclose information about individuals on the voluntary exclusion list to the commission and to the casino operator's or affiliate's employees and agents who are directly responsible for excluding individuals from the casino facility.

(H) Nothing in this chapter shall prohibit a casino operator from disseminating the name and personal information of an individual on the voluntary exclusion list to an affiliate or an affiliated gaming facility of a casino operator, wherever located, as long as such dissemination is for the sole purpose of allowing the affiliate to exclude that individual from the gaming facility.

(I) A copy of the notice of placement on the voluntary exclusion list shall be delivered by the commission to the applicant by regular U.S. mail to the residential address specified on the application.

(J) If the commission decides that an applicant does not qualify for placement on the voluntary exclusion list or that the applicant should be allowed to withdraw the application, the applicant shall be notified by the commission by regular U.S. mail sent to the home address specified on the application.

| [Click to view Appendix](#)

**NOTE: ONLY THE APPENDIX TO WILL BE CHANGED. NO CHANGES WILL BE MADE TO THE BODY OF THE RULE.**

**STATE OF OHIO**

**CASINO CONTROL COMMISSION**



**REQUEST  
FOR VOLUNTARY EXCLUSION**

# Application

## Instructions

- Read the entire form before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

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## Important Notices

By signing and submitting this request, you are volunteering to refrain from entering all Ohio casinos for at least the time period that you specify in Section 1, Question 15 below.

The Ohio Casino Control Commission (Commission) and the Ohio casino operators will comply with all rules protecting the confidentiality of your enrollment in the VEP. However, the Commission must release information regarding the VEP to all Ohio casino operators so that the Commission and the Ohio casino operators can help you fulfill your commitment to refrain from gambling; accordingly, the Commission cannot guarantee the confidentiality of the information once the information has been given to the Ohio casino operators.

Ohio casino operators have a corporate policy that will cause this exclusion to apply at all the casinos they own, manage or operate in other states and countries, or casinos they acquire after the date this form is signed.

All actions outlined in this request that either the Commission or an Ohio casino operator may take are incentives that you are asking the Commission and Ohio casino operators to use to help you fulfill your commitment to refrain from gambling, and are not a guarantee that any party, including the Commission, can physically prevent you from going to Ohio casinos.

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## Section 1: Personal Information

1 Full legal name of individual requesting voluntary exclusion.

\_\_\_\_\_  
First Middle Initial Last

2 Alias/nicknames/other names used:

\_\_\_\_\_  
First Middle Initial Last

3 Residential address:

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
County of Residence

4 Residential telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5 Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

*Under the Privacy Act the disclosure of your Social Security Number is voluntary.*

6 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

7 Driver's license number or State identification number:

\_\_\_\_\_  
Number Issuing State

8 Sex  Male  Female

9 Physical Description

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

10 Contact lenses  Yes  No

11 Ethnicity

Caucasian/White  African-American/Black  
 Hispanic/Latino  Native American  
 Asian/Pacific Islander  
 Other \_\_\_\_\_

12 Nation origin \_\_\_\_\_

Passport number \_\_\_\_\_

Alien Registration number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

13 Complexion

Light  Medium  Dark

14 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.) \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_

15 I hereby request enrollment in the VEP for a minimum of:  
 One year       Five years       Lifetime

Location(s) at which entry is/may be needed  
\_\_\_\_\_  
\_\_\_\_\_

16 Are you required to enter an Ohio casino to perform your job duties?  
 Yes       No

17 I was referred by:  
 Casino employee       Signs at the casino  
 Family member       Mental health provider  
 Billboard/radio/television advertisement  
 Other \_\_\_\_\_

*If yes, please provide the following information:*

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## Section 2: Verifications

*(If a language interpreter is needed, please complete section 4)*

18 Can you state that you presently are not under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision?  
 Yes       No

19 Have you read this form and understand everything in it, and are completing this form of your own free will?  
 Yes       No

20 Do you volunteer to not enter any Ohio casinos until you have successfully obtained removal from the VEP after your term of exclusion ends?  
 Yes       No

21 Do you understand that the VEP applies not only to the casino where you signed up, but to all Ohio casinos?  
 Yes       No

22 Do you understand that releasing the information in this form to the agents and affiliates of all Ohio casino operators may cause the casino operator to deny you service at its commonly owned, managed or operated facilities anywhere in the world, including non-gaming areas and amenities?  
 Yes       No

23 Do you agree to forfeit all points or complimentaries earned by you through a casino operator's marketing program on or before the date that you complete this form?  
 Yes       No

- 24 Do you understand that you are ineligible to win a gambling game while you are in the VEP and therefore you will not be paid if you attempt to claim any winnings at an Ohio casino? Do you agree to surrender any money or thing of value you convert or attempt to convert into a wagering instrument to the Commission for deposit in the state problem gambling and other addictions fund if you are found in the gaming area of the casino while you are in the VEP?  
 Yes       No
- 25 Do you understand you will be removed from the casino if you are found in an Ohio casino at any time while you are in the VEP and may be charged with criminal trespassing?  
 Yes       No
- 26 Do you agree that you are requesting to be placed in the VEP for a minimum of one year, five years, or life?  
 Yes       No
- 27 **(If the term is one or five years)** Do you agree that you may extend but not reduce, your exclusion term? Do you understand that you must make a written request for removal at the end of your exclusion term, or else you will remain in the VEP?  
 Yes       No
- 28 **(If the term is lifetime)** Do you agree that you will never be able to request removal from the VEP?  
 Yes       No
- 29 Do you understand that you may receive a letter from each Ohio casino operator informing you that they have received notification of your participation in the VEP?  
 Yes       No
- 30 Do you agree to provide the Commission with updated information if any of the information provided in this form changes?  
 Yes       No
- 31 Do you agree to notify the Commission if any Ohio casino operator sends promotional mailings to you while are in the VEP?  
 Yes       No
- 32 Do you understand that you may be contacted by the Commission to evaluate Ohio's problem and compulsive gambling programs, including the VEP?  
 Yes       No

DRAFT

Writing your initials in the box below acknowledges that you have reviewed your responses and have checked the appropriate boxes.

**Section 3:**

**A. Authorization and Request to Release Information**

I understand that after I file this request, the Commission will inform all Ohio casino operators that I have voluntarily excluded myself for the stated period of time. I understand that once an Ohio casino operator receives notice that I have excluded myself, it may deny me entry and/or service at its commonly owned, managed or operated facilities anywhere in the world. This may include non-gaming areas and amenities. Each casino operator will make its decision to deny or not deny service on its own and without interference from the Commission. I accept any risk of adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of the information authorized in this Authorization and Request to Release Information. I request that the Commission release my photograph and all other information provided in this form that is necessary for an Ohio casino operator to enforce my voluntary exclusion.

**B. Request Acknowledgement**

I have completed and am signing this Request for Voluntary Exclusion under my own free will and in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication. I am voluntarily requesting exclusion from the gaming areas at all Ohio casinos. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included in this request for enrollment in the VEP. I am aware and agree that, while I am in the VEP, I shall surrender any money or thing of value that I have converted or attempted to convert into a wagering instrument, including, but not limited to, chips, tokens, prizes, jackpots, non-complimentary pay vouchers, cash, cash equivalents, electronic credits, and vouchers representing electronic credits, at any Ohio casino to the Commission for deposit into the state problem gambling and other addiction services fund. I acknowledge that my winnings from gambling activity while I am in the VEP, even if surrendered, are subject to state and federal income tax laws. I acknowledge that, while I am in the VEP, I may be subject to arrest and a criminal action for trespass if I enter an Ohio casino.

**C. Waiver and Release**

I release and forever discharge the state, the Ohio Casino Control Commission, and its employees and agents 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 request for enrollment in the VEP or any future request for removal from the VEP, including the following: (A) administration or enforcement of the VEP; (B) the failure of an Ohio casino operator to withhold gambling privileges, direct marketing, check cashing, or extension of credit to me; (C) disclosure of information contained in this form; or (D) the dissemination of confidential information contained in this form by unauthorized persons.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_.M.  
Signature of individual requesting exclusion      Date      Time

**Certification of Witness:** I certify that I personally witnessed \_\_\_\_\_ sign his/her name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the individual requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and that the signature, physical description and identity of the individual requesting voluntary exclusion match the individual's photograph and credentials, photocopies of which are attached to this Request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_\_.M.  
Signature of Commission employee or designated agent      Date      Time

\_\_\_\_\_  
Printed name of Commission employee or designated agent