

3772-12-01

Establishment of voluntary exclusion program and list.

(A) The "voluntary exclusion list" shall consist of the names and information of those individuals who have complied with the requirements of this rule and have been placed on the list by the commission.

(B) Nothing in this chapter shall prohibit anyone on the voluntary exclusion list from entering a casino facility for the purpose of carrying out the duties of their employment.

(C) An individual who is on the voluntary exclusion list who is hired by a casino operator or management company must notify the commission office in Columbus prior to starting employment. The individual must provide the following information:

(1) Name;

(2) Date of birth; and

(3) Name and location of the casino facility with which the voluntarily excluded individual will be employed.

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R.C. 119.032 review dates: 04/01/2017

CERTIFIED ELECTRONICALLY

Certification

03/22/2012

Date

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Rule Amplifies: 3772.01, 3772.03, 3772.18

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.

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STATE OF OHIO

CASINO CONTROL COMMISSION



REQUEST FOR VOLUNTARY EXCLUSION

Summary of Rules for the Voluntary Exclusion Program

The following rules and restrictions apply to every individual who enrolls in the Voluntary Exclusion Program (VEP). The term "Ohio casino" means the four casinos located in Cincinnati, Cleveland, Columbus, and Toledo.

VEP Enrollment:

- An individual may select the length of exclusion: one year, five years, or lifetime.
- If an individual selects one year or five years, the exclusion will not end unless and until the individual requests removal after the term of exclusion expires.
- If an individual selects lifetime, the exclusion does not end and the individual cannot request removal.
- The companies that run the Ohio casinos ("casino operators") may decide to evict or deny service to a voluntarily excluded individual at any of their other facilities anywhere in the world, which may include casinos and/or non-gaming facilities, including Las Vegas and/or Atlantic City.
- A voluntarily excluded individual is permitted to enter an Ohio casino, including the gaming area, to perform the duties of his/her employment.
- A voluntarily excluded person must notify the Commission prior to starting a job at an Ohio casino.
- A voluntarily excluded individual must sign a waiver and release discharging the Commission from liability.

Participation in the VEP:

- If an individual signs up for the VEP, the individual's name and information will appear on a confidential list of voluntarily excluded individuals. The list will be distributed to all Ohio casino operators, for the sole purpose of helping the voluntarily excluded individual fulfill the terms of the VEP.
- By signing up for the VEP, a voluntarily excluded individual agrees not to enter any Ohio casino.
- It is the responsibility of the voluntarily excluded individual to stay away from the Ohio casinos and not the responsibility of the Commission or the casino operator to keep the individual away.
- If found in an Ohio casino, a voluntarily excluded individual will be asked to leave and could be subject to arrest and a criminal action for trespassing.
- A voluntarily excluded individual volunteers to surrender any money or thing of value that he/she obtains from or is owed to him/her by the casino operator if he/she is found in an Ohio casino.
- A voluntarily excluded individual does not have check cashing or credit privileges at any Ohio casino.
- All Ohio casino operators must stop all direct marketing efforts to a voluntarily excluded individual.

Removal from the VEP:

- An individual enrolled for a one or five year period is not automatically removed from the VEP. In order to be removed from the VEP, the individual must complete and submit a Request for Removal form to the Commission at any Ohio casino or at the Commission's office in Columbus.

The information above has been read to me, I have been provided a copy of the VEP rules, and I understand the VEP process.

Signature of individual requesting exclusion

Signature of commission staff or designated agent

_____/_____/_____
Date

_____/_____/_____
Date

Request for Enrollment in the Voluntary Exclusion Program

I. Statement of Intent

With my enrollment in the Voluntary Exclusion Program (“VEP”), I state that:

- (1) I am voluntarily committing to refrain from entering any of the Ohio casinos for the period of time specified in this request for statewide voluntary exclusion.
- (2) I alone am responsible for ensuring that I honor my commitment.
- (3) Neither Ohio casino operators nor the Ohio Casino Control Commission have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) If I sign up for a one (1) or five (5) year term, I must make a written request for removal at the end of my term or I will remain in the VEP. If I sign up for a lifetime term, I will never be able to request removal from the VEP.
- (5) I acknowledge that some Ohio casino operators have a corporate policy that will cause this exclusion to apply at all the casinos that they own, manage or operate in other states and countries, or casinos they acquire after the date this form is signed and that it is my responsibility to determine if a casino operator has a policy that will ban me from playing at or visiting those casinos when I travel outside of Ohio.

Signature of individual requesting exclusion

_____/_____/_____
Date

II. Application

Instructions

- Read the entire form, the summary of VEP rules (attached), and the VEP rules (attached) 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.

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.

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.

Section 1: Personal Information

	Number	Issuing State
1 Full legal name of individual requesting voluntary exclusion. _____ First Middle Initial Last	8 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
2 Alias/nicknames/other names used: _____ First Middle Initial Last	9 Physical Description Height _____ Weight _____ Hair color _____ Eye color _____	
3 Residential address: _____ Street or P.O. Box _____ City State Zip _____ County of Residence	10 Contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Residential telephone (_____) _____ - _____ Other telephone (_____) _____ - _____	11 Ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	
5 Social Security Number ____-____-_____ <i>Under the Privacy Act the disclosure of your Social Security Number is voluntary.</i>	12 Nation origin _____ Passport number _____ Alien Registration number _____ Country of citizenship _____	
6 Date of birth ____/____/_____	13 Complexion <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	
7 Driver's license number or State identification number: _____	14 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.) _____	

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

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

If yes, please provide the following information:

Employer _____

Job Title _____

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

17 I was referred by:

- Casino employee Signs at the casino
- Family member Mental health provider
- Billboard/radio/television advertisement
- Other _____

Section 2: 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

Section 3: 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.

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.

Signature of Commission employee or designated agent

Printed name of Commission employee or designated agent

_____/_____/_____
Date

_____:_____.M.
Time

_____/_____/_____
Signature of individual requesting exclusion Date

Section 4: Verifications

- 18 Are you in need of a language interpreter in order to understand the Voluntary Exclusion Program (VEP) and the questions contained in this form?
 Yes No
(If yes, section six must be completed.)
- 19 Are you presently 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
- 20 Are completing this request form of your own free will?
 Yes No
- 21 Have you read this form and do you understand everything in it?
 Yes No
- 22 Do you have any confusion or questions about this form or the VEP that the Commission has not answered to your satisfaction?
 Yes No
- 23 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
- 24 Do you understand that the VEP applies not only to the casino where you signed up, but to all Ohio casinos?
 Yes No
- 25 Do you volunteer to surrender any money or thing of value that you win at any Ohio casino if you are found in the gaming area of the casino while you are in the VEP?
 Yes No
- 26 Do 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?
 Yes No
- 27 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
- 28 Do you volunteer to be removed from the casino if you are found in an Ohio casino at any time while you are in the VEP?
 Yes No
- 29 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
- 30 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
- 31 **(If the term is one or five years)** Do you agree that you may extend but not reduce, your exclusion term?
 Yes No
- 32 **(If the term is one or five years)** Do you agree 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
- 33 **(If the term is lifetime)** Do you agree that you will never be able to request removal from the VEP?
 Yes No
- 34 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
- 35 Do you agree to provide the Commission with updated information if any of the information provided in this form changes?
 Yes No
- 36 Do you agree to notify the Commission if any Ohio casino operator sends promotional mailings to you while are in the VEP?
 Yes No
- 37 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

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

Section 5: 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 not collect any winnings resulting from any gambling activity at all Ohio casinos. I acknowledge that, while I am in the VEP, I will surrender any money or thing of value that I win at a casino or is owed to me by a casino, including but not limited to: chips, tokens, prizes, jackpots, non-complimentary pay vouchers, cash, cash equivalents, electronic credits, and vouchers representing electronic credits. 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.

Signature of individual requesting exclusion

_____/_____/_____
Date

Section 6: Interpreter Information (if applicable)

Note for individuals requesting voluntary exclusion using an interpreter: The individual making this request required the assistance of an interpreter in order to complete this request form. The name, address, phone number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the Commission employee or designated agent and that the individual requesting voluntary exclusion has indicated that he/she understands the documents included in the request form and has signed the documents in a sober and informed condition with full knowledge of the responsibilities and consequences of being placed on the VEP.

Full name of interpreter _____

Street address _____

City, State, and Zip _____

Home telephone (____) _____ - _____

Work telephone (____) _____ - _____

Date of birth ____/____/____

Language spoken by interpreter _____

AFFIRMATION

I, _____,
through my signature below affirm, attest and
acknowledge that I have served as an interpreter for

_____ to assist
him/her in completing a Request for Enrollment in the
VEP. I affirm and attest that I have completely and
accurately communicated all instructions from the
Commission employee or designated agent verifying this
Request. The individual requesting voluntary exclusion has
informed me that he/she understands the documents I have
assisted in explaining and has signed them in a sober and
informed condition and knows and understands all of the
responsibilities associated with being placed on the VEP
and asks the Commission to place him/her on the VEP.

Signature of interpreter

_____/_____/_____
Date

Request and Authorization to Share Information (Optional)

Important Notices

Signing and submitting this request and authorization to share information with another gaming agency or jurisdiction is **OPTIONAL** and is not required for the Commission to process your Request for Voluntary Exclusion.

Completing this request to share information will assist the Commission with enforcement of the Voluntary Exclusion Program and may assist you with keeping your commitment to refrain from entering a casino when you are traveling outside of Ohio.

If you complete this Request and Authorization to Share Information, the Commission will be authorized to share your name and any information provided as part of the Voluntary Exclusion Program with any gaming agency or jurisdiction, including tribal jurisdictions, anywhere in the world.

I _____ request and authorize the Ohio Casino Control
Print full legal name

Commission to share my name and any information provided as part of the Voluntary Exclusion Program with any gaming agency or jurisdiction, including tribal jurisdictions, anywhere in the world. I understand and agree that as a result of my request and authorization to share my name and information with another gaming agency or jurisdiction, I may be denied entry and/or service at a casino within that agency's or jurisdiction's enforcement area. I further understand that each gaming agency or jurisdiction will make this decision 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 Request and Authorization to Share Information.

I further 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 and Authorization to Share Information.

I understand that that I may withdraw my authorization to share information at any time in writing.

Signature of individual requesting information sharing

_____/_____/_____
Date

3772-12-03

Responsibilities of voluntarily excluded individual.

(A) A voluntarily excluded individual shall have the following ongoing obligations regarding the voluntary exclusion list:

(1) Refrain from entering a casino facility until such time as a request for removal has been processed by the commission;

(2) Update the commission each time the personal information of a voluntarily excluded individual changes. Personal information includes but is not limited to name, residential address, telephone number(s), driver's license number and licensing state, social security number, and physical description;

(3) Notify the commission if direct mailing items are received addressed to a voluntarily excluded person at his or her residence; and

(4) Any other obligations required by the commission.

(B) A voluntarily excluded individual who violates the terms of the voluntary exclusion program and enters the gaming area of a casino facility agrees to surrender any jackpot or thing of value won as a result of a wager made at the casino facility. The surrendered jackpots or items will be withheld by the casino operator and remitted to the commission. The commission shall transfer the proceeds of these surrendered jackpots or items to the state problem gambling and addictions fund.

(C) Voluntarily excluded individuals agree to forfeit all points or complimentaries earned by the individual on or before the date the individual completes his or her request for application for placement on the voluntary exclusion list. However, if at the time an individual makes a request for placement on the voluntary exclusion list he or she is owed a cash amount from a casino operator, the individual shall have the right to receive that amount from the casino operator after placement on the voluntary exclusion list. To the extent that complimentaries or points described above may be redeemed for cash under the casino operator's marketing program, the individual shall be entitled to receive that amount.

(D) A voluntarily excluded individual who violates the terms of the voluntary exclusion program and enters a casino facility shall be asked to leave and could be subject to an arrest and a criminal action for trespass.

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3772-12-04**Responsibilities of casino operators.**

(A) A casino operator shall immediately notify the commission if an individual on the voluntary exclusion list is found on the premises of a casino facility.

(B) Each applicant for a casino operator license and casino operator licensee must submit written internal controls plans for compliance with the voluntary exclusion program for commission approval at least sixty days before the applicant's anticipated casino facility opening. These plans for compliance with the voluntary exclusion program, shall include at a minimum the following:

(1) Procedures to prevent employees from permitting an individual on the voluntary exclusion list from engaging in gambling activities at the casino facility;

(2) Procedures to identify and remove voluntarily excluded persons from the casino facility;

(3) Procedures to prevent an individual on the voluntary exclusion list from receiving any advertisement, promotion, or other direct marketing mailing fifteen days after receiving notice from the commission that the individual has been placed on the voluntary exclusion list;

(4) Procedures to prevent an individual on the voluntary exclusion list from having access to credit or from receiving complimentary services, check-cashing services, junket participation and other benefits; and

(5) Procedures to ensure the confidentiality of the identity and the information of the voluntarily excluded individual.

(C) A casino operator, its employees and agents shall:

(1) Exclude from the premises, refuse wagers from, and deny gaming privileges to any individual who the casino operator, its employees or its agents knows or should have known to be a voluntarily excluded person;

(2) Cease all direct marketing efforts to a person participating in the voluntary exclusion program. A casino operator satisfies this requirement if the casino operator removes the individual's name from the list of patrons to whom direct marketing materials are sent, and the individual does not receive direct marketing materials more than fifteen days after the casino operator receives notice, under rule 3772-12-02 of the Administrative Code, that the individual has been placed on the voluntary exclusion list;

(3) Ensure that information about individuals on the voluntary exclusion list is not disclosed to any person beyond the disclosures that are authorized under rules 3772-12-02 and 3772-12-05 of the Administrative Code;

(4) Not cash the check of an individual participating in the voluntary exclusion

program; and

(5) Not extend credit in any manner to an individual participating in the voluntary exclusion program.

(D) Nothing in this chapter shall prohibit a casino operator and its employees and agents from seeking payment of a debt from a voluntarily excluded person if the debt was accrued by the individual before his or her name was placed on the voluntary exclusion list.

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3772-12-05

Removal from voluntary exclusion list.

- (A) This rule does not apply to those voluntarily excluded individuals who elected lifetime exclusion under rule 3772-12-02 of the Administrative Code.
- (B) Upon the expiration of the selected term of voluntary exclusion, an individual may request removal of his or her name from the voluntary exclusion list. A person making a request for removal must do so by declaring, in writing, on a form provided by the commission, the intent to remove his or her name from the voluntary exclusion list.
- (C) After receipt of a request for removal and verifying that the individual requesting removal is the voluntarily excluded individual, the commission shall remove the name of the individual requesting removal from the voluntary exclusion list. The commission shall act upon a request for removal within thirty days of receipt of the request and verification of the identity of the individual requesting removal.
- (D) A copy of the notice of removal from the voluntary exclusion list shall be delivered by the commission to the individual by regular U.S. mail to the home address specified on the application.
- (E) Each casino operator shall be notified by the commission of the removal of any individual from the voluntary exclusion list. All information contained on the individual's application for removal from the voluntary exclusion list 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.

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STATE OF OHIO

CASINO CONTROL COMMISSION



REQUEST FOR REMOVAL FROM VOLUNTARY EXCLUSION PROGRAM

Voluntary Exclusion Program (VEP) Removal Guidelines

IMPORTANT NOTICE:

Commission employees and designated agents must read the following guidelines to each individual requesting removal from the VEP. If the individual requesting removal has questions that the employee or agent cannot answer, the participant will be unable to continue with the request for removal at that time and should be directed to the Commission's VEP Coordinator.

You must agree to and understand each of the following guidelines before the Ohio Casino Control Commission (Commission) will accept your request for removal from the VEP:

- To complete your request for removal, your identity and eligibility for removal will be verified, you will need to listen to the removal guidelines as read by the Commission employee or designated agent and complete the request for removal form;
- Upon expiration of your selected term of voluntary exclusion, you are requesting removal from the VEP;
- You are eligible for removal only if you enrolled for one-year or five-year exclusion. If you enrolled for lifetime exclusion, this interview must be terminated and the Commission will reject your request for removal;
- The removal form authorizes the Commission to notify all Ohio casino operators that they may permit your presence in Ohio casinos;
- The Commission employee or agent witnessing your completion of this request has verified your identity to ensure you are the voluntarily excluded individual;
- Upon completing your application for removal, the application will be forwarded to the Commission's office in Columbus. The Commission will act upon your request for removal within thirty (30) days of receipt;
- The Commission will notify each Ohio casino operator once this request for removal is approved;
- The Commission will notify you by letter once the Commission has approved the request;
- Your excluded status will remain in effect until you receive notification from the Commission; and
- Once the Commission has approved your removal from the VEP, Ohio casino operators may reinstate direct marketing, cash checks, and extend credit to you.

The information above has been read to me, I have been provided a copy of the above-listed VEP removal guidelines, and I fully understand the VEP removal process.

Signature of individual requesting removal

Signature of commission staff or designated agent

_____/_____/_____
Date

_____/_____/_____
Date

Application

Instructions

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

Important Notice

An individual may, upon the expiration of the selected term of voluntary exclusion, request removal of his or her name from the Voluntary Exclusion Program (VEP). An individual making a request for removal must do so in writing, on this form. The form must be completed and certified at an Ohio Casino Control Commission (Commission) office/facility or other location designated by the Commission. The individual is not removed from the VEP until the Commission accepts this form and notifies the individual that he/she is removed from the VEP.

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 Date enrolled in VEP ____/____/____

Section 2: Certification of Witness

I certify that I personally witnessed _____ sign
his/her name this ____ day of _____, 20____,

and that the individual requesting removal from the voluntary exclusion program is the voluntarily excluded individual and that the individual 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 removal match the individual's photograph and credentials, photocopies of which are attached to this Request.

Signature of Commission employee or designated agent

Printed name of Commission employee or designated agent

____/____/____
Date

____:____.M.
Time

Section 2: 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 removal from the VEP including the following: (A) administration or enforcement of the VEP; (B) the failure of an Ohio casino operator to restore gambling privileges or provide me direct marketing and/or check cashing or credit services; (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 removal Date Time

Section 3: Request Acknowledgement

I certify that the information that I have provided above is true and accurate. I certify that I am not presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision. I am aware that my signature below constitutes a request for removal from the VEP, and I request that the Commission notify all Ohio casino operators that they may permit my presence in Ohio casinos. I understand that the Commission has up to thirty (30) days to act on my request. I understand that I am still a member of the VEP until the Commission has notified all Ohio casino operators that I am removed from the VEP. I am aware that my removal from the VEP is not effective until I have received notice from the Commission office in Columbus.

_____/_____/_____ : _____.M.
Signature of individual requesting removal Date Time

Section 4: Interpreter Information (if applicable)**AFFIRMATION****Note for individuals requesting removal using an**

interpreter: The individual making this request required the assistance of an interpreter in order to complete this request form. The name, address, phone number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the Commission employee or designated agent and that the individual requesting removal has indicated that he/she understands the documents included in the request form and has signed the documents in a sober and informed condition with full knowledge of the responsibilities and consequences of being removed from the VEP.

I, _____,
through my signature below affirm, attest and
acknowledge that I have served as an interpreter for

_____ to assist
him/her in completing a Request for Removal from the
VEP. I affirm and attest that I have completely and
accurately communicated all instructions from the
Commission employee or designated agent verifying this
Request. The individual requesting removal has informed
me that he/she understands the documents I have assisted in
explaining and has signed them in a sober and informed
condition and knows and understands all of the
responsibilities associated with being removed from the
VEP.

Full name of interpreter _____

Street address _____

City, State, and Zip _____

Home telephone (____) _____ - _____

Work telephone (____) _____ - _____

Date of birth ____/____/____

Language spoken by interpreter _____

Signature of interpreter

_____/_____/_____
Date

3772-12-06

Compulsive and problem gambling plan.

(A) Each casino operator, management company, and holding company involved in the application and ownership or management of a casino facility shall provide to the commission, as applicable, an applicant's compulsive and problem gambling plan. An applicant's compulsive and problem gambling plan shall be approved by the commission before the commission issues or renews a license. Each plan shall at minimum include the following:

- (1) The goals of the plan and procedures and timetables to implement the plan;
- (2) The identification of the individual who will be responsible for the implementation and maintenance of the plan;
- (3) Policies and procedures including the following:
 - (a) The commitment of the applicant and the casino operator to train appropriate employees;
 - (b) The duties and responsibilities of the employees designated to implement or participate in the plan;
 - (c) The responsibility of patrons with respect to responsible gambling;
 - (d) Procedures for compliance with the voluntary exclusion program;
 - (e) Procedures to identify patrons and employees with suspected or known compulsive and problem gambling behavior, including procedures specific to loyalty and other rewards and marketing programs;
 - (f) Procedures for providing information to individuals regarding the voluntary exclusion program and community, public and private treatment services, gamblers anonymous programs and similar treatment or addiction therapy programs designed to prevent, treat, or monitor compulsive and problem gamblers and to counsel family members;
 - (g) Procedures for responding to patron and employee requests for information regarding the voluntary exclusion program and community, public and private treatment services, gamblers anonymous programs and similar treatment or addiction therapy programs designed to prevent, treat, or monitor compulsive and problem gamblers and to counsel family members;
 - (h) The provision of printed material to educate patrons and employees about compulsive and problem gambling and to inform them about the voluntary exclusion program and treatment services available to compulsive and problem gamblers and their families. The applicant

shall provide examples of the materials to be used as part of its plan, including, brochures and other printed material and a description of how the material will be disseminated;

- (i) Advertising and other marketing and outreach to educate the general public about the voluntary exclusion program and compulsive and problem gambling;
- (j) An employee training program, including training materials to be utilized and a plan for periodic reinforcement training and a certification process established by the applicant to verify that each employee has completed the training required by the plan;
- (k) Procedures to prevent underage gambling;
- (l) Procedures to prevent patrons impaired by drugs or alcohol, or both, from gambling; and
- (m) The plan for posting signs within the casino facility, containing information on gambling treatment and on the voluntary exclusion program. The applicant shall provide examples of the language and graphics to be used on the signs as part of its plan;
- (4) A list of community, public and private treatment services, gamblers anonymous programs and similar treatment or addiction therapy programs designed to prevent, treat, or monitor compulsive and problem gamblers and to counsel family members; and
- (5) Any other information, documents, and policies and procedures that the commission requires.
- (B) Each applicant or casino operator shall submit any amendments to the compulsive and problem gambling plan to the commission for review and approval before implementing the amendments.
- (C) Each casino operator shall submit an annual summary of its compulsive and problem gambling plan to the commission.
- (D) Each casino operator shall submit quarterly updates and an annual report to the commission of its adherence to the plans and goals submitted under this rule, including any information that the casino operator has received related to bankruptcy, divorce, crime, and attempted suicide related to gambling at a casino facility.

Effective: 04/01/2012

R.C. 119.032 review dates: 04/01/2017

CERTIFIED ELECTRONICALLY

Certification

03/22/2012

Date

Promulgated Under: 119.03
Statutory Authority: 3772.03
Rule Amplifies: 3772.01, 3772.03, 3772.18