

## 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

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## 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.

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Signature of Applicant for Voluntary Exclusion

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Date

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## 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.  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

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### 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

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### 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#: \_\_\_\_\_

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### 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.*

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### For Internal Use Only

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

By: \_\_\_\_\_

Approved: \_\_\_\_\_      Denied: \_\_\_\_\_



**Summary of Maryland Voluntary Exclusion List Rules - Casino**

This is a summary of rules that apply to individuals who apply for, and have been placed on, the Voluntary Exclusion List of the Maryland Lottery and Gaming Control Commission (Commission), as authorized under Code of Maryland Regulation (COMAR) 36.01.03 and 36.03.06.

**Application:**

- An individual may apply for the Voluntary Exclusion List at any Maryland casino or at Maryland Lottery and Gaming Control Agency (Agency) Headquarters in Baltimore.
- The application process involves the individual completing an Application form in the presence of a qualified Agency representative. Next, the application is reviewed by another Agency staff who approves or denies it, and then notifies the applicant.
- An individual who is applying for the Voluntary Exclusion List is asking to be prohibited from entering any Maryland casino, and prohibited from playing a slot or table game at a Maryland casino for a period of either two years or lifetime.
- An individual may contractually agree that, if he or she does gamble during the exclusion period, he or she 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, like a token, ticket or chip, that is won by gambling.
- All applicants must sign a waiver and release discharging the State from any liability arising from the Application or the individual's placement on the Voluntary Exclusion List.

**After individual is placed on the Voluntary Exclusion List:**

- The individual's name and identifying information will be on a list that each Maryland casino uses to exclude or eject any excluded individual.
- The individual is prohibited from entering a casino, and from playing a slot machine or table game in any Maryland casino.
- If the individual enters a Maryland casino during the exclusion period, the individual may be subject to criminal charges.
- Maryland casinos may ban an excluded individual from their affiliated casinos in another state.
- The individual is personally responsible for staying away from Maryland casinos. It is not up to the casinos, the Commission or the Agency.
- An individual whose job requires them to be in a casino are allowed to maintain employment; however are only allowed in the casino during scheduled work hours. An excluded individual should not receive casino marketing materials after 45 days from when their name is placed on the Voluntary Exclusion List. They should tell Commission staff if this happens.

**Removal from the List:**

- There is no automatic removal from the List. To be removed, the individual must be on it at least two years, then send a written request to Commission staff that includes proof of completing a: (1) a problem gambling assessment (2) fulfilled- any recommended treatment and (3) complete a healthy decision-making program if no treatment was recommended.
- The Commission will make the final determination on whether an applicant can come off the List.

My signature means that the information above has been read to me, that I have been provided a copy of COMAR 36.01.03 and 36.03.06, and that I fully understand the Voluntary Exclusion List application process and rules.

\_\_\_\_\_  
Signature of individual requesting exclusion

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lottery Agency representative

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date



**Summary of Maryland Voluntary Exclusion List Rules - Lottery**

This is a summary of rules that apply to individuals who apply for, and have been placed on, the Voluntary Exclusion List of the Maryland Lottery and Gaming Control Commission (Commission), as authorized under Code of Maryland Regulation (COMAR) 36.01.03.

**Application:**

- An individual may apply for the Voluntary Exclusion List at any Maryland casino or at Maryland Lottery and Gaming Control Agency (Agency) Headquarters in Baltimore.
- The application process involves the individual completing an Application form in the presence of a qualified Agency representative. Next, the application is reviewed by another Agency staff who approves or denies it, and then notifies the applicant.
- An individual who is applying for the Voluntary Exclusion List for Lottery is asking to be prohibited from playing all Maryland Lottery games for a period of either two years or lifetime.
- An individual may contractually agree that, if he or she does play Lottery during the exclusion period, he or she 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, like a ticket, that is won by gambling.
- All applicants must sign a waiver and release discharging the State from any liability arising from the Application or the individual's placement on the Voluntary Exclusion List.

**After individual is placed on the Voluntary Exclusion List:**

- If an individual is placed on the Voluntary Exclusion List, the individual's name will appear on a list of excluded individuals. The List will be monitored and enforced by the Maryland Lottery and Gaming Control Agency for prize claiming. This means that an excluded individual who plays Lottery and attempts to claim a prize may have his or her prize intercepted and contributed to the Problem Gambling Fund.
- The individual is personally responsible for not playing the Maryland Lottery. It is not up to the licensed retailers, the Commission or the Agency to keep the individual from purchasing and playing Lottery products.

**Removal from the List:**

- There is no automatic removal from the List. To be removed, the individual must be on it at least two years, then send a written request to Commission staff that includes proof of completing a: (1) a problem gambling assessment (2) fulfilled any recommended treatment and (3) complete a healthy decision-making program if no treatment was recommended.
- The Commission will make the final determination on whether an applicant can come off the List.

My signature means that the information above has been read to me, that I have been provided a copy of COMAR 36.01.03, and that I fully understand the Voluntary Exclusion List application process and rules.

\_\_\_\_\_  
Signature of individual requesting exclusion

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lottery Agency representative

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date