

Congratulations on making the decision to eliminate gambling from your life. The form you are about to complete is **irrevocable** and will remain in effect during the **entire** time period you select. It cannot be altered or rescinded for any reason. Please consider carefully prior to selecting the length of exclusion.

INSTRUCTIONS

Please use the checklist below to ensure **all** required information is included to avoid a delay in processing your self-exclusion.

- Is the form filled out completely, **leaving no spaces blank**? For any spaces that do not pertain to you, please write "N/A" in the space.
- Did you include your full name, as it appears on your driver's license number, in First, Middle, Last format?
- Did you include any aliases you use or have used?
- Did you include your social security number, date of birth, and your driver's license number? **These are required.** If you do not have these items, please contact the Self-Exclusion Administrator **prior** to mailing the form.
- Did you include a phone number and/or email address so we can contact you in the event we have questions regarding the self-exclusion form? You will not be contacted for any other reason.
- Did you **initial** either the one, five, or ten-year box indicating the time period you are selecting to self-exclude? **Remember, this exclusion will be irrevocable during the time period you select so please consider carefully.**
- Did you include a color photo clearly showing your head and shoulders? A photo must accompany this form or be emailed to the Self-Exclusion Administrator. **Failure to provide a photo will delay the processing of your exclusion. After three unsuccessful contact attempts are made, your form will be returned to you.**
- Is the self-exclusion form properly notarized? The form **will not be valid** without proper notarization and will be returned to you if received in this office without proper notarization. The form must be signed in front of the notary and the dates of the applicant and notary public signature must be the same.

Remember to mail the original, properly-notarized self-exclusion form to this office. The address is on the second page of the form. We do not accept emailed or faxed copies.

If you have any questions or concerns regarding the self-exclusion form, please contact:

Dawn Revere
Self-Exclusion Administrator
Division of Problem Gambling
602-397-3262
drevere@azgaming.gov

Please attach a current photo (minimum 2"x3") clearly showing your head and shoulders here.

Note: A .jpg picture can be emailed to the Self-Exclusion Administrator

This page is **optional**. We would appreciate your time in completing this as it will help us gather important statistics for those self-excluding. This information will help us know what services are most needed. It is completely confidential and your name will not be used. It can be mailed either with the self-exclusion form or in a separate envelope to keep your identity anonymous.

Male Female

How did you hear about the self-exclusion program? Advertising Casino Event Exhibit Table
 Prior self-exclusion Website Word of mouth Other: _____

What is your age range? 21-24 25-34 35-44 45-54 55-64 Over 65

At what age did you place your first gambling bet? _____ What type of bet was it? _____

How often do you gamble, either online, lottery, casino, sports betting, etc.? Daily Weekly
 Monthly A few times a year Other: _____

How much money do you "typically" and on average spend/lose at a casino?

Less than \$500.00 \$501.00 - \$1,000.00 \$1,001 - \$5,000.00 Over \$5,000.00

How has your gambling affected the following:

Your relationships (spouse, partner, children): Not at all Somewhat Substantially
Your job: Not at all Somewhat Substantially
Your finances: Not at all Somewhat Substantially
Your lifestyle: Not at all Somewhat Substantially
Your health: Not at all Somewhat Substantially

Please explain: _____

Have you ever attended a Gamblers Anonymous meeting: Yes No

If so, did you find it helpful? Yes No

Please explain: _____

Have you ever sought treatment for your problem gambling? Yes No

If so, did you find it helpful? Yes No

Please explain: _____

Are you aware of our Tribal/State Funded Treatment Program? Yes No

***Information regarding our Tribal/State Funded Treatment Program as well as a list of Treatment Providers can be found on our website!**

Do you have a problem with alcohol, substance abuse, etc.? Yes No

If yes, have you ever sought treatment for your problem? Yes No

Based on your experience with the Division of Problem Gambling, please answer the following:

Employee Name: _____

Were you treated courteously? Yes No N/A

Was the Self-Exclusion Program thoroughly explained to you? Yes No N/A

Were your expectations about the Self-Exclusion Program met? Yes No N/A

If not, please explain: _____

What is your annual income? Less than \$50,000.00 \$50,000.00 - \$75,000.00

\$75,001.00 - \$100,000.00 \$100,001.00 - \$125,000.00 \$125,000.00-\$150,000.00

More than \$150,000.00 Prefer not to answer

What is your marital status? Married Divorced Single Widow(er)

Would you recommend this program to others? Yes No

Please explain: _____

Arizona Department of Gaming

Self-Exclusion Form

Please print clearly. Fields with an “*” are required. This form will be returned, unprocessed, if a current color photograph is not attached to the form or emailed as a .jpg attachment to the Self-Exclusion Administrator.

*Full Name as it appears on your license in First, Middle, Last format:				
*Street Address:		*City:		*State:
*Zip Code:	*Home or Cell Phone: () -		*Driver’s License #:	*State:
* Date of Birth / /	* Age	*Race		*Any other names used (a.k.a.):
*SS #: - -		Your Social Security Number is required to verify the identity of the person enrolling in the Self-Exclusion program.		
*Height: ft. in.	*Weight:	*Eyes:	*Hair:	*Sex:
Email Address:				
How did you hear about this program?			Have you previously participated in the Self-Exclusion Program?	
_____ I request information be mailed or emailed to me describing services or resources available to help me with my gambling problem. (<u>Initials required</u> ; If an email address has been provided, this information will be sent to you via email.)				
Optional Information: Gambling activities that cause me the most problems (mark all that apply) <input type="checkbox"/> Slots <input type="checkbox"/> Poker <input type="checkbox"/> Blackjack <input type="checkbox"/> Bingo <input type="checkbox"/> Keno <input type="checkbox"/> Horse/Dog Races <input type="checkbox"/> Video Poker <input type="checkbox"/> Lottery <input type="checkbox"/> Sports <input type="checkbox"/> Internet <input type="checkbox"/> Stocks				

I, _____, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from all Indian Gaming Facilities in Arizona**. I hereby request and authorize the Arizona Department of Gaming to place my name on the list of self-excluded persons for a period of:

(*Initial one) one year five years ten years

***Initial Each Line (Required):**

- _____ 1. I understand that this self-exclusion request is **irrevocable** during the time period selected above and cannot be altered or rescinded for any reason.
- _____ 2. I understand this exclusion is in effect at all Class III Indian Gaming Facilities within the State of Arizona and all services associated with those Gaming Facilities, including, but not limited to, restaurants, shows, and concerts on casino property. ****Please note:** Although the self-exclusion list is provided only to Arizona casinos, there may be casino management companies operating Arizona casinos, such as Harrah’s/Caesars Entertainment, which have a policy that any person excluded from one of their casinos is excluded from all of their casinos worldwide.
- _____ 3. I will not attempt to enter and/or use any of the services or privileges of any Indian Gaming Facility within the State of Arizona during the period of this self-exclusion.
- _____ 4. I understand that the Tribal Gaming Office shall require the Gaming Facility Operator to take reasonable steps to identify self-excluded persons who may be in a Gaming Facility and that, once identified, self-excluded persons shall receive a consequence at the Tribal Gaming Office’s discretion, which may include the issuance of a citation and/or arrest and prosecution by Tribal or other authorities.
- _____ 5. I understand that the Tribal Gaming Office shall revoke any slot or player’s cards I may have. **Any jackpot won by a person on the self-exclusion list shall be forfeited and donated by the Gaming Facility Operator to an Arizona-based non-profit charitable organization.**
- _____ 6. I understand the ultimate responsibility to limit my access to all Indian Gaming Facilities within the State of Arizona and/or gaming services remains mine alone.

Indemnification Clauses

- 7. I understand that neither the Tribe, the Gaming Facility Operator, the Tribal Gaming Office, nor any employee thereof shall be liable to any self-excluded person or to any other party in any proceeding and neither the Tribe, the Gaming Facility Operator, nor the Tribal Gaming Office shall be deemed to have waived its sovereign immunity with respect to any person for any harm, monetary or otherwise, which may arise as a result of:
 - a. The failure of the Gaming Facility Operator or the Tribal Gaming Office to withhold or restore gaming privileges from or to a self-excluded person; or
 - b. Otherwise permitting a self-excluded person to engage in Gaming Activity in a Gaming Facility while on the list of self-excluded persons.

- 8. I will not seek to hold the Arizona Department of Gaming liable in any way should I enter a Gaming Facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of Arizona and the Arizona Department of Gaming for any liability relating to this request. Specifically, I, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, and forever discharge the Arizona Department of Gaming, the Arizona Gaming Tribes, their agents, employees, officers, and directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties"), from any and all claims in law or equity that I now have, or may have in the future, against any or all of the Released Parties arising out of, or by reason of, the performance or non-performance of this Self-Exclusion Request, or any other matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

The Arizona Department of Gaming will treat this self-exclusion request confidentially. However, pursuant to Section 3(v)(D) of the Compact, the State Gaming Agency shall provide the compiled information to the Tribal Gaming Office. The Tribe shall treat the information received from the State Gaming Agency under this Section as confidential and such information shall not be disclosed except to the Gaming Facility Operator and other tribal gaming offices for inclusion on their lists, or to appropriate lists, or to appropriate law enforcement agencies, if needed, in the conduct of an official investigation or unless ordered by a court of competent jurisdiction.

My signature below indicates I wish to be excluded for the length of time I have selected on the previous page. I have reviewed and understand the terms and restrictions of this self-exclusion and agree to all of them. **This form is not valid and will not be processed unless properly notarized. Please sign and date in front of notary. Notary date and applicants date must be the same. *The self-exclusion time period shall begin once the Self-Exclusion administrator has completed processing the form, regardless of the date it was signed.**

Applicant Name (Please print)

Applicant Signature

Date

This section to be completed by Notary Public

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Public

[Place notary seal above]

My Commission expires: _____

***Mail or deliver completed form, with a minimum 2" x 3" original color photograph clearly showing head and shoulders (copy of driver's license NOT accepted as current photo) to:**

Dawn Revere
Arizona Department of Gaming
1110 W. Washington St., Suite 450
Phoenix, Arizona 85007

Note: A clearly-identified digital JPEG picture may be e-mailed to drevere@azgaming.gov