

Application for Maryland Voluntary Exclusion Program for Problem Gamblers

Instructions – Read carefully

- Read the entire form and the Summary of Maryland Voluntary Exclusion Program 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 Notice

By signing and submitting this application, you are agreeing not to enter any Maryland casino and/or play the Maryland Lottery for at least two years. The Maryland Lottery and Gaming Control Commission will comply with the provisions of Maryland law to maintain reasonable confidentiality of your personal information and placement on the Voluntary Exclusion List. However, because the law requires the Maryland Lottery and Gaming Control Commission to release certain information about individuals electing the casino Voluntary Exclusion Program to the casino facility operators so the Voluntary Exclusion Program may be enforced, the Commission cannot guarantee absolute confidentiality of your information.

Section 1: Personal Information

1. Full legal name of individual requesting voluntary exclusion:

First name
Initial
Last name

2. Alias/nicknames/other names used:

First name
Initial
Last name

First name
Initial
Last name

3. Residential address: _____

County of Residence

Street or PO Box

City
State
Zip

4. Residential telephone: _____

Other telephone: _____

5. Social Security number: _____

6. Date of Birth: _____

7. Driver’s license state and number: _____

8. Gender: Male Female

9. Physical description:

Height _____ Weight _____

Hair Color _____

Eye Color _____

10. Contact lenses: Yes No

11. Hispanic or Latino origin? Yes No

12. Racial Category: (Please check all that apply)

- White Black or African American
- Asian American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Other _____

13. National origin _____

Passport number _____

Alien Registration number _____

Country of citizenship _____

14. Complexion

- Light Medium Dark

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

16a. I hereby request placement on the following Voluntary Exclusion Program list: Casino

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

16b. I hereby request placement on the following Voluntary Exclusion Program list: Lottery

I hereby request placement on the Lottery Voluntary Exclusion List for a period of:

At least two years Life

17. 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 2: Gambling Responsibility Statement

18. I acknowledge that I am a problem gambler and that I am unable to gamble responsibly.

Signature of Applicant for Voluntary Exclusion

Date

Section 3: Waiver and Release

I release and forever discharge the state of Maryland, the Commission, and their 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 placement on the voluntary exclusion list or request for removal from the voluntary exclusion list including, but not limited to: (A) processing, maintaining, and enforcing the list; (B) any failure of a facility operator, or a Lottery retailer, or its employees, agents, or affiliates, to withhold direct marketing or check cashing from a voluntarily excluded individual; (C) disclosure of information contained in the voluntary exclusion request or list, except for willfully unlawful disclosure of such information; or (D) dissemination of confidential information contained on the voluntary exclusion application or list by facilities under the jurisdiction of the Commission to any party not authorized to receive the information.

Signature of Applicant for Voluntary Exclusion

Date

Section 4: Acknowledgment and Request to Release Information

- I request that the information provided on this form be disseminated by the Commission to appropriate licensees by the Commission in order to enforce my voluntary exclusion.
- I accept any 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 release of this information authorized by this Authorization and Request to Release Information.

Signature of Applicant for Voluntary Exclusion

Date

Section 5: Verification Information

19. Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? (If yes, section eight must be completed.) Yes No Initial _____

20. 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? *(If yes, terminate the interview)* Yes No Initial _____
21. Are you completing this request form of your own free will? *(If no, terminate the interview)* Yes No Initial _____
22. Have you read this request form and do you understand its contents? Yes No Initial _____
23. Do you understand that, by asking to be placed on the list of voluntary excluded persons, you are acknowledging that you are a problem gambler and that you are unable to gamble responsibly? Yes No Initial _____
24. Do you understand that the Maryland Lottery and Gaming Control Commission recommends that you seek an assessment, evaluation and treatment for your gambling problem? Yes No Initial _____
25. Do you understand that, by completing this form, you may contractually agree to redeem or liquidate all your unredeemed items that have monetary value and designate that casino and lottery winnings be contributed to the Problem Gambling Fund? Yes No Initial _____
26. Do you understand that, by completing this form, you are requesting to be placed on the list of voluntarily excluded individuals and that such placement is for at least two years or life? Yes No Initial _____
27. Do you have any questions that the Maryland Lottery and Gaming Control Commission staff has not answered to your satisfaction regarding voluntary exclusion that prevents you from making an informed decision whether or not to complete and sign this request form? *(If yes, the interview is terminated)* Yes No Initial _____
28. Do you understand that it is your responsibility to provide the Maryland Lottery and Gaming Control Commission with updated information regarding any information provided in this request, including name and address changes? Yes No Initial _____

Section 6: Casino Voluntary Exclusion Only *(Only to be completed by individuals applying to the Casino Voluntary Exclusion Program)*

1. I understand that I am prohibited from entering any Maryland casino property and if I do, I am subject to arrest for criminal trespass.

Signature of Applicant for Voluntary Exclusion

Date

2. Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to stay out of all Maryland casinos? Yes No Initial _____
3. Do you understand that, if your request for voluntary exclusion is granted, the consequences of you being discovered in a Maryland casino may include arrest for criminal trespassing? Yes No Initial _____
4. Do you understand that, if your request for voluntary exclusion is granted, you will not be eligible to play any slot machine or table game, and therefore you will not be allowed to collect any winnings at a Maryland casino? Yes No Initial _____
5. Do you contractually agree that, if your request for voluntary exclusion is granted and you do gamble at a Maryland casino, you designate to the Maryland Lottery and Gaming Control Commission that your casino winnings be contributed to the Problem Gambling Fund? Yes No Initial _____
6. Do you understand that, if your request for voluntary exclusion is granted, you are authorizing the Maryland Lottery and Gaming Control Commission to release identifying information about you to all Maryland casinos and facility operators and their specified enforcement employees? *(The Commission may release this information only for purposes of enforcing the voluntary exclusion program, and is not authorized to release it to your family members, employer or a prospective employer.)* Yes No Initial _____

7. Do you understand that releasing identifying information about you to the gaming facilities licensed in Maryland may result in you being denied service at affiliated casinos in other jurisdictions? (For example, if an operator of a Maryland casino owns or manages a casino in another state, that operator may choose to deny you service at all its locations.) Yes No Initial _____

8. Are you required to enter a Maryland casino in the performance of your job duties? Yes No Initial _____

If yes, please provide the following information:

Employer _____

Maryland Gaming License Number (if you have one):

Job Title _____

9. I understand that after I submit this application, and if I am placed on the voluntary exclusion list, the Authorization and Request to Release Information allows the Maryland Lottery and Gaming Control Commission to release information about my voluntary exclusion to Maryland casinos and facility operators, and that some casinos may choose to deny me service at their facilities in jurisdictions beyond Maryland.

Writing your initials in the box below acknowledges that you understand the questions above, and have reviewed your responses and checked the boxes that correspond to your answers.

I have completed and am signing this request for voluntary exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication that would impair my judgment. I am voluntarily requesting exclusion from the gaming areas at all facilities under the jurisdiction of the Maryland Lottery and Gaming Control Commission. I certify that the information that I have provided is true and accurate, and that I have read, understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. I am aware that 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 have elected to be placed on the list for a period of two (2) years, I may extend the period of voluntary exclusion. To be removed from the list at the end of my two years, I must submit a request to the Commission with all necessary supporting documentation for their approval. I am aware and agree that during any period of voluntary exclusion, I shall not collect any winnings or recover any losses resulting from any slot machine play at a casino licensed by the Commission. I have contractually agreed that any and all of my Maryland casino winnings are designated to the Problem Gambling Fund. I understand that I may be subject to criminal action for trespass if I enter a Maryland casino.

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 advise casino operators who is on the list. A facility operator may disclose this information only to the facility manager, security and surveillance department, and employees who are directly responsible for excluding unauthorized individuals from a casino. This information is not otherwise generally available for public inspection. I have the right to inspect, amend, or correct the records that contain personal information about me.

Signature of Applicant for Voluntary Exclusion

Date

Section 7: Lottery Voluntary Exclusion Only *(Only to be completed by individuals applying to the lottery Voluntary Exclusion Program)*

1. I understand that I am self-prohibited from playing any Maryland Lottery game.

Signature of Applicant for Voluntary Exclusion

Date

2. Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to refrain from purchasing any Maryland lottery tickets? Yes No Initial _____

3. Do you contractually agree that, if your request for voluntary exclusion is granted and you do play the Maryland Lottery, you will redeem or liquidate all your unredeemed items that have monetary value and designate that your lottery winnings go to the Problem Gambling Fund? Yes No Initial _____

I have completed and am signing this request for voluntary exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication that would impair my judgment. I am voluntarily requesting exclusion from all lottery games under the jurisdiction of the Maryland Lottery and Gaming Control Commission. I certify that the information that I have provided is true and accurate, and that I have read, understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. If I have elected to be placed on the list for a period of two (2) years, I may extend the period of voluntary exclusion. To be removed from the list at the end of my two years, I must submit a request to the Commission with all necessary supporting documentation for their approval. I have contractually agreed that during any period of voluntary exclusion, I designate that all my winnings resulting from any play of the Maryland lottery will go to the Problem Gambling Fund.

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 to maintain the voluntary exclusion list. By law, the information on the list is not generally available for public inspection. I have the right to inspect, amend, or correct the records that contain personal information about me.

Signature of Applicant for Voluntary Exclusion

Date

Section 8: Interpreter Information

Note for individuals requesting voluntary exclusion using an interpreter: The individual submitting this application requires the assistance of an interpreter in order to complete this application. The name, address, and phone number of the interpreter are listed below as well as a certification that the interpreter has completely, accurately, and impartially translated and communicated all instructions given by the Maryland Lottery and Gaming Control Commission employee or designated agent and the applicant's responses.

Full name of interpreter _____

Phone Number _____

Street address _____

Language spoken by interpreter _____

City, State, and Zip _____

Certification of Interpreter

I, _____, through my signature below affirm, attest, and acknowledge that I have served as an interpreter for _____ to assist him/her in completing an application for placement on voluntary exclusion list. I affirm and attest that I have completely, accurately, and impartially communicated all instructions from the Maryland Lottery and Gaming Control Commission employee or designated agent and the applicant's responses.

Section 9: Certification of Witness

I witnessed _____ sign his/her name this _____ day of _____, 20 _____. This individual appears not to be under the influence of any alcoholic beverages, controlled substances 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 Request.

Signature of Commission employee

Date

Location

The Commission employee or designated agent shall verify the signature of the individual submitting an application for voluntary exclusion and inform the individual that he/she will be notified, in writing, by the Maryland Lottery and Gaming Control Commission when his/her application is approved and the individual is placed on the voluntary exclusion list.

For Internal Use Only

Date Received: _____

Date Processed: _____

By: _____

Approved: _____ Denied: _____

Maryland Lottery and Gaming Control Agency

Martin O'Malley, Governor • Stephen Martino, Director



Montgomery Park Business Center
1800 Washington Blvd., Suite 330
Baltimore, Maryland 21230

Tel: 410-230-8800
TTY users call Maryland Relay
www.mdlottery.com

Summary of Maryland Voluntary Exclusion Program (Casino) Rules

Pursuant to COMAR 36.01.03 and COMAR 36.03.06, the following rules shall apply to those interested in enrolling in the Voluntary Exclusion Program for Casinos (VEP):

VEP Enrollment:

- An individual may sign up for the VEP at any Maryland casino or at Maryland Lottery and Gaming Control Agency Headquarters in Baltimore.
- Individuals may select the length of voluntary exclusion: at least two years or lifetime.
- Inclusion in the VEP may result in your being denied service at affiliated casinos in other states or locations. For example, if an operator of a Maryland casino owns or manages a casino in another state, that operator may choose to deny a VEP participant service or access at all its locations.
- Individuals who are in the VEP and whose employment duties require them to be present in a casino are permitted to enter a casino for the purpose of carrying out their employment duties.
- Individuals in the VEP contractually agree to redeem or liquidate all your unredeemed items that have monetary value and designate that their casino winnings be contributed to the Problem Gambling Fund.
- All participants must sign a waiver and release discharging the State from liability.

Placement on the VEP:

- If an individual signs up for the program, their name will appear on a list of excluded individuals, which will be distributed to the facility operators and employees of Maryland casinos only for the purposes of enforcement.
- Any individual participating in the program is prohibited from entering a casino or playing a slot machine in any Maryland casino.
- It is the personal responsibility of the individual enrolled in the VEP to stay away from Maryland casinos, and not the responsibility of the Maryland Lottery to keep the individual away.
- If found in a Maryland casino, the individual will be subject to arrest for criminal trespassing or other offenses.
- Because participants in the VEP are prohibited from entering a casino in Maryland, they will not have check cashing or ATM withdrawal privileges at Maryland casinos.
- All casinos must cease direct marketing efforts to an individual participating in the program. An individual should not receive any direct marketing after 45-days from date accepted in to the program.

Removal from the VEP:

- An individual enrolled for at least two years may request removal from the list at the expiration of that time period by completing a Request for Removal Application.
- A person applying for removal from the VEP must provide the Commission with documentation of completion of: a problem gambling assessment by a professional who is licensed by the State to conduct problem gambling assessments and complete any recommended treatment; a problem gambling treatment and prevention program; or a healthy decision-making program that is sponsored or approved by the Commission.
- The MLGCC will have the final determination on whether an applicant can come off the voluntary exclusion list.

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

Signature of individual requesting exclusion

Date

Signature of MLGCA staff

Date

11.4.14



Request for Enrollment in the Voluntary Exclusion Program (Casino)
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 Maryland 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 Maryland casino operators nor the Maryland Lottery and Gaming Control Agency have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) I may make a written request for removal from the VEP only after I have been in the VEP for two years. I understand that it is completely within the discretion of the Maryland Lottery and Gaming Control Commission whether to grant any request for removal. I understand that until the Lottery and Gaming Control Commission approves my request for removal, I must refrain from entering any Maryland casino.
- (5) I acknowledge that some Maryland 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 Maryland.

Signature of individual requesting exclusion

____/____/_____
Date



Reciprocity Acknowledgement Form

With my enrollment in the Maryland Voluntary Exclusion Program (VEP), I understand that:

- (1) Program guidelines allow any casino operator to deny a VEP participant service at any property, including properties outside of Maryland, who share a corporate ownership/affiliation.
- (2) 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 Maryland.
- (3) The Casino at Ocean Downs (Berlin, MD) and the Casino at Delaware Park (Wilmington, DE) are corporately affiliated. The Casino at Delaware Park will honor all Maryland Voluntary Exclusion Program bans, and you will not be permitted to enter or play during the period of your Maryland Voluntary Exclusion.
- (4) Caesar's Entertainment Group owned, operated, or managed related properties, which currently include facilities bearing the names Caesars, Harrah's, Horseshoe, Rio, Showboat, Harveys, Bally's, Grand, Paris, Flamingo, Tunica Roadhouse, The Quad Resort & Casino, Hot Spot Oasis, Planet Hollywood Resort & Casino, ThistleDown Racino, Bluegrass Downs Racetrack, Nobu Hotel, The Linq, and The Cromwell; will honor all Maryland Voluntary Exclusion Program bans, and you will not be permitted to enter or play during the period of your Maryland Voluntary Exclusion.

Signature of individual requesting exclusion

____/____/_____
Date

Responsibilities of Participants in the Maryland Voluntary Exclusion Program (Casino)

As a participant in the Voluntary Exclusion Program (VEP), you have the following responsibilities:

- You have agreed to not enter a casino facility, play a slot machine, or play a table game that is under the jurisdiction of the Maryland Lottery and Gaming Control Commission.
- It is your responsibility to stay away from all Maryland casinos and not the responsibility of the Maryland Lottery and Gaming Control Commission or the casino facility to keep you away.
- If you are found in a casino or playing a slot machine that is under the jurisdiction of the Maryland Lottery and Gaming Control Commission, you may be subject to arrest for criminal trespassing.
- Casinos may elect to permanently exclude VEP participants. The terms of the casinos' eviction may be more restrictive than the terms of the VEP. If a casino facility has elected to evict you, you will receive a letter outlining the terms of the eviction. Each casino maintains its own eviction procedures and disputes arising as a result of being placed on an eviction list should be addressed through communication with the appropriate representatives of the casino facility.
- As a participant of this program, you may increase the time of your participation in the program but you may never decrease it to less than two years. You will remain on the VEP list until you complete a Request for Removal form and your request has been approved by the Maryland Lottery and Gaming Control Commission.
- As a participant in the VEP program, you contractually agree to redeem or liquidate all your unredeemed items that have monetary value and designate that casino winnings be contributed to the Problem Gambling Fund.
- Any time your personal information changes you must provide the Maryland Lottery and Gaming Control Commission with the updated information.
- You must notify the Maryland Lottery and Gaming Control Commission if you receive direct mailing items addressed to you after your name has been on the VEP list for 45 days. This will assist the Maryland Lottery and Gaming Control Commission in enforcing the VEP by ensuring that VEP participants are not subjected to predatory marketing.

Maryland Lottery and Gaming Control Agency

Martin O'Malley, Governor • Stephen Martino, Director



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Tel: 410-230-8800
TTY users call Maryland Relay
www.mdlottery.com

Summary of Maryland Voluntary Exclusion Program (Lottery) Rules

Pursuant to COMAR 36.01.03, the following rules apply to enrollees in the Voluntary Exclusion Program for Lottery (VEP):

VEP Enrollment:

- An individual seeking enrollment in the VEP is asking to be self-prohibited from playing any lottery game offered by the Maryland Lottery and Gaming Control Agency.
- An individual may sign up for the VEP at any Maryland casino or at Maryland Lottery and Gaming Control Agency Headquarters in Baltimore.
- Individuals may select the length of voluntary exclusion: at least two years or lifetime.
- All participants must sign a waiver and release discharging the State from liability.

Placement on the VEP:

- If an individual is placed in the program, his or her name will appear on a list of excluded individuals, which will be monitored and enforced by the Maryland Lottery and Gaming Control Agency for prize claiming.
- It is the personal responsibility of the individual enrolled in the VEP to not play Maryland Lottery games, and not the responsibility of the Maryland Lottery and Gaming Control Commission or any licensed retailer to keep the individual from purchasing Lottery tickets.
- Individuals in the VEP may contractually agree to redeem or liquidate all unredeemed items that have monetary value and designate that their winnings be contributed to the Problem Gambling Fund.

Removal from the VEP:

- An individual enrolled for at least two years may request removal from the list at the expiration of that time period by completing a Request for Removal Application.
- A person applying for removal from the VEP must provide the Commission with documentation of completion of: a problem gambling assessment by a professional who is licensed by the State to conduct problem gambling assessments and complete any recommended treatment; a problem gambling treatment and prevention program; or a healthy decision-making program that is sponsored or approved by the Commission.
- The Maryland Lottery and Gaming Control Commission will have the final determination on whether an applicant can come off the voluntary exclusion list.

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

Signature of individual requesting exclusion

Date

Signature of MLGCA staff

Date



Request for Enrollment in the Voluntary Exclusion Program (Lottery)
Statement of Intent

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

- (1) I am voluntarily committing to refrain from purchasing and playing Maryland Lottery games 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 Maryland Lottery licensed retailers nor the Maryland Lottery and Gaming Control Commission have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) I have contractually agreed that, during my period of voluntary exclusion, I will redeem and designate any and all of my lottery prizes that I win to the Problem Gambling Fund.
- (5) I may make a written request for removal from the VEP only after I have been in the VEP for two years. I understand that it is completely within the discretion of the Maryland Lottery and Gaming Control Commission whether to grant any request for removal. I understand that until the Lottery and Gaming Control Agency approves my request for removal, I must refrain from purchasing and playing Maryland Lottery.

Signature of individual requesting exclusion

____/____/_____
Date

Responsibilities of Participants in the Maryland Voluntary Exclusion Program (Lottery)

As a participant in the Voluntary Exclusion Program (VEP), you have the following responsibilities:

- You have agreed to not purchase or play any Maryland Lottery game that is under the jurisdiction of the Maryland Lottery and Gaming Control Commission.
- It is your responsibility to refrain from purchasing and playing any Maryland Lottery game and not the responsibility of the Maryland Lottery and Gaming Control Commission or a Lottery retailer to deny you service.
- As a participant of this program, you may increase the time of your participation in the program but you may never decrease it to less than two years. You will remain on the VEP list until you complete a Request for Removal form and your request has been approved by the Maryland Lottery and Gaming Control Commission.
- Any time your personal information changes you must provide the Maryland Lottery and Gaming Control Commission with the updated information.
- For the period of your exclusion, you have contractually agreed to redeem or liquidate all your unredeemed items that have monetary value and designate that your lottery winnings go to the Problem Gambling Fund.
- You must notify the Maryland Lottery and Gaming Control Commission if you receive direct mailing items addressed to you after your name has been on the VEP list for 45 days. This will assist the Maryland Lottery and Gaming Control Commission in enforcing the VEP by ensuring that VEP participants are not subjected to predatory marketing.

Title 36 MARYLAND STATE LOTTERY AND GAMING CONTROL AGENCY

Subtitle 01 GENERAL PROVISIONS

Chapter 03 Voluntary Exclusion and Responsible Gaming

Authority: State Government Article, §§9-110 and 9-1A-24(e), Annotated Code of Maryland

.01 General.

A. This chapter establishes a mechanism by which an individual may request to be placed on a list of individuals with gambling problems who have been voluntarily excluded from:

- (1) Video lottery facilities in the State; or
- (2) Lottery play in the State; or
- (3) Both.

B. The Commission shall:

- (1) Maintain a list of individuals who have requested to be excluded from video lottery facilities and lottery play in the State; and
- (2) Establish measures to reduce and mitigate the effects of problem gambling.

.02 Application for Voluntary Exclusion.

A. An application for voluntary exclusion shall be available at:

- (1) Each licensed video lottery facility upon request of Commission staff; and
- (2) The Agency's offices.

B. An individual may request to be excluded from a video lottery facility or lottery play in the State by submitting a completed application form to Commission staff.

C. An application for voluntary exclusion shall include:

- (1) The individual's:
 - (a) Name, including any nickname or alias;
 - (b) Residential address;
 - (c) Telephone numbers;
 - (d) Date of birth;

- (e) Social Security number;
- (f) Driver's license number and licensing state;
- (g) Gender;
- (h) Physical description, including any birthmarks, scars, or tattoos;
- (i) Race or ethnic origin;
- (j) For non-United States citizens, country of citizenship, and passport and alien registration number;
- (k) Signature; and
- (l) Any other information about the individual that the Commission requires;
- (2) The length of requested period of placement on the voluntary exclusion list, which shall be for:
 - (a) 2 years; or
 - (b) Life;
- (3) Information pertaining to the Problem Gambling Fund programs established under State Government Article, §9-1A-33(b)(4), Annotated Code of Maryland; and
- (4) A signed statement by which the individual declares that the individual:
 - (a) Has a gambling problem and is unable to gamble responsibly;
 - (b) Is sober and informed;
 - (c) Releases the State from any liability that may arise from the application or the individual's placement on the voluntary exclusion list;
 - (d) Acknowledges that the Commission is collecting information from the individual that the:
 - (i) Individual may request to inspect or correct under State Government Article, §10-625, Annotated Code of Maryland; and
 - (ii) Commission will maintain as sociological information under State Government Article, §10-617(c), Annotated Code of Maryland;
 - (e) Authorizes the release of information to the persons specified in Regulation .07;
 - (f) Acknowledges that the individual will be, for the entire term of the requested period of exclusion:
 - (i) Prohibited from entering a video lottery facility or playing table games or a video lottery terminal in the State;
 - (ii) Prohibited from playing a lottery game; or
 - (iii) Both;
 - (g) Acknowledges that if the requested period of placement on the voluntary exclusion list was 2 years, the individual will not be removed from the voluntary exclusion list unless the Commission grants the individual's request for removal under Regulation .05 of this chapter; and

(h) Otherwise acknowledges that the individual understands the individual's responsibilities and possible consequences associated with being placed on the State's voluntary exclusion list.

D. Upon receipt of a completed application for voluntary exclusion, trained Commission staff shall:

(1) Interview the individual in order to ascertain that the individual:

(a) Is voluntarily applying for exclusion;

(b) Confirms the information provided in the application; and

(c) Is fully informed of the consequences of being placed on the voluntary exclusion list.

(2) Decide whether to grant the request for voluntary exclusion; and

(3) Deliver to the individual by regular U.S. mail a written notice of:

(a) Placement on the voluntary exclusion list; or

(b) Denial of the request for voluntary exclusion.

.03 Voluntary Surrender of Lottery Game Playing Privileges.

An individual who applies to be placed on the voluntary exclusion list may contractually agree to:

A. Redeem or liquidate all unredeemed items with monetary value that the individual has received;

B. Designate that the proceeds of the redeemed items be contributed to the Problem Gambling Fund established under State Government Article, §9-1A-33(b), Annotated Code of Maryland; and

C. Designate that any lottery prize that the individual is ineligible to collect may go to the Unclaimed Prize Fund.

.04 Voluntary Exclusion List.

The Commission shall establish and maintain a list of individuals from whom it has received a completed application for voluntary exclusion.

.05 Removal from Voluntary Exclusion List.

A. After an individual has been on the voluntary exclusion list for at least 2 years, the individual may request that the Commission remove the individual from the list.

B. An individual's request under §A of this regulation shall be submitted to the Commission in writing and shall be accompanied by documentation that the individual has:

(1) Completed:

(a) A problem gambling assessment with a professional who is licensed by the State to conduct problem gambling assessments or who is otherwise approved by the Commission and fulfilled any recommended treatment;

(b) A problem gambling treatment and prevention program established under Health-General Article, Title 19, Subtitle 8, Annotated Code of Maryland; or

(c) A healthy decision-making program that is sponsored or approved by the Commission.

(2) Executed an authorization and release to be removed from the voluntary exclusion list; and

(3) Complied with any other requirements deemed necessary by the Commission.

C. The Commission is not required to hold a hearing in order to review the request for removal.

D. If the Commission:

(1) Grants the request, it shall:

(a) Deliver to the individual by regular U.S. mail a notice of removal from the voluntary exclusion list; and

(b) Notify the State's facility operators of the individual's removal from the voluntary exclusion list; or

(2) Denies the request, it shall deliver to the individual by regular U.S. mail a notice that the:

(a) Request was denied; and

(b) Individual shall remain on the voluntary exclusion list.

.06 Access to Voluntary Exclusion List.

A. All records pertaining to an individual's placement on the voluntary exclusion list are sociological information under State Government Article, §10-617(c), Annotated Code of Maryland.

B. Access to records pertaining to an individual's placement on the voluntary exclusion list shall be limited to disclosures authorized under COMAR 36.01.02.01 and 36.03.04.

.07 Responsible Gaming Program.

A. The Commission may establish a responsible gaming program.

B. A responsible gaming program established by the Commission under §A of this regulation shall be designed to:

(1) Reduce or mitigate the effects of problem gambling in the State; and

(2) Maximize the access of individuals who have a gambling problem to problem gambling resources, including treatment resources that are established under State Government Article, §9-1A-33, Annotated Code of Maryland.

Administrative History

Effective date: April 29, 2013 (40:8 Md. R. 725)

Getting Help

Help is Available

Call the Helpline **1-800-522-4700** and speak with someone who understands and can get you to the help you may need.

- All calls are free
- All calls are confidential
- Call anytime, 24 hours a day

Services

The Center of Excellence on Problem Gambling (the Center) operates the Problem Gambling Helpline, with the Maryland Council on Problem Gambling, under a grant from the Alcohol and Drug Abuse Administration. All calls are confidential, free and helpline specialists will refer callers to the closest self-help meeting or the closest available clinical care opportunity.

Helpline Services

Anyone calling the National Problem Gambling Helpline from a Maryland area code will automatically be connected to our helpline service system. A master's level clinician from the Center will answer all calls during working hours and the National Helpline Service will cover all off hour calls.

All calls to the Maryland Problem Gambling Helpline are answered 24 hours a day, 7 days a week. All help-seeking callers speak to a live operator who can refer callers to local self-help meetings such as Gamblers Anonymous and GamAnon. They also maintain a list of counselors with training and experience in treating problem gamblers and their family members and can make referrals to callers interested in counseling services in their area.

Many family members and friends find information, referrals, help and hope for their loved ones with gambling problems by making this first call to our trained Helpline specialists. All Helpline Specialists are specially trained, with either a Master's degree or certification.

Calls can be answered with TTY and in over 160 languages with the use of the AT&T language line. Callers are also offered written materials on problem gambling if they elect to accept such a mailing. All materials are sent in plain envelopes to the address provided by the caller.

Live Chat

When is Maryland Gambling Chat available?

- Monday and Wednesdays: Noon to 2PM
- Tuesday, Thursday and Fridays: 2:00 to 4:00 PM
- Monday, Wednesday and Fridays: (Evenings): 8:00 to 10:00 PM

When chat is not available, call the Maryland Center on Problem Gambling Helpline at: 1-800-522-4700. MD HELPLINE IS AVAILABLE 24/7 FOR CRISIS and REFERRAL INFORMATION.

What is Maryland Gambling Chat?

- Chat provides emotional support and referrals for problem gamblers and others impacted by the gambler's behavior (e.g. family members, friends, co-workers, employers). Chat is not intended to replace counseling or Mental Health services
- Chat specialists have expertise in problem gambling
- Chats are confidential and can be anonymous
- Chat can link visitors to local counseling resources and treatment providers

Who should use Maryland Gambling Chat?

Anyone who is concerned about his/her current gambling behavior. Additionally, any significant others who have been affected by gambling problems

Chat is provided by the Maryland Center of Excellence on Problem Gambling for residents of the State of Maryland. Residents of nearby states (Delaware, Pennsylvania, Virginia West Virginia, and Washington DC) will also be given information for their geographic areas.

Maryland Gambling Chat Aims

- Be supportive, non-judgmental and safe when discussing gambling problems
- Help the problem gambler and/or affected others to reduce stress and feel empowered to make informed healthier decisions regarding any gambling problem.
- Connect chatters to local resources and services to help the individual better cope with the gambling problem

What can I expect during a chat session?

Expect offers of support, information and help. You may be asked questions related to:

- history around the gambling behavior
- your safety
- current emotional, financial, and other stressors

Why are chat specialists asking for identifying information?

Your city, zip code or state is requested so you can be referred to the most appropriate resource as necessary. Your phone number or other contact information is requested in case of being disconnected or in case of an emergency in which a person's safety is at risk.

Can I remain anonymous?

If you would like to remain anonymous choose "chat anonymously" option or you may make up a fictitious name.

Is Maryland Gambling Chat communication secure?

Your information and chats are confidential.

Confidentiality and security of chats are ensured through the Maryland Center on Problem Gambling Chat software provider, which uses the same encryption* and data protection standards required by major financial institutions to transact business with each other.

*changing information into a code, so it can only be read by those to whom it was intended.

GAMBLERS ANONYMOUS Meeting Schedule
Maryland Helpline Number: 888-GA-HELPS (888-424-3577)

MONDAY				
	Annapolis G.A. 7:30 PM First Presbyterian Church, Fellowship Hall 144 Conduit Street, Annapolis, MD Open Meeting	Hiss G.A. 7:30 - 8:45 PM Hiss United Methodist Church 8700 Harford Road at Putty Hill, Baltimore, MD Open Meeting	Frederick G.A. 7:00 PM The Schaeffer Building 26 East 2 nd Street Frederick, MD Open Meeting	Silver Spring G.A. 8:00 PM Montgomery Hills Baptist Church 9727 Georgia Avenue & Rt. 495 Silver Spring, MD Closed Meeting
TUESDAY				
	Hagerstown G.A. 7:00 PM Valley Grace Brethren Church 17310 Gay Street Hagerstown, MD Open Meeting	Joppa G.A. 7:30 - 9:00 PM Mountain Christian Church 1824 Mountain Road, Room 130 Joppa, MD Closed Meeting	Frederick G.A. 10:30 AM - 12:00 NOON Mount Pleasant Methodist Church 9550 Liberty Road Frederick, MD Open Meeting	
WEDNESDAY				
	Laurel G.A. 8:00 PM Holy Trinity Lutheran Church 7607 Sandy Spring Road Laurel, MD Closed Meeting	Towson G.A. 8:00 PM Towson United Methodist Church 501 Hampton Lane Towson, MD Closed Meeting	Gaithersburg G.A. 8:00 PM Church of the Ascension 202 S. Summit Avenue Gaithersburg, MD Closed Meeting	
THURSDAY				
	Cumberland G.A. 7:00 PM Lighthouse Church of God 307 Wallace Street Cumberland, MD Closed Meeting	Ocean City G.A. 8:00 PM W.A.C.S. 11827 Ocean Gate Way Ocean City, MD Closed Meeting	Chesapeake Beach G.A. 6:00 PM Northeast Beach Community Center 4075 Gordon Stinnett Avenue Chesapeake Beach, MD, 20732 Open Meeting	
FRIDAY				
	Camp Springs G.A. 8:00 PM Bells Methodist Church 6016 Allentown Rd. Camp Springs, MD Closed Meeting	Rosedale G.A. 8:00 PM Prince of Peace Lutheran Church 8212 Philadelphia Road Rosedale, MD Closed Meeting		
SATURDAY				
	Arbutus G.A. 1:30 PM St. Stephens Lutheran Church 901 Courtney Road Baltimore, MD Closed Meeting			
SUNDAY				
	Bethesda G.A. 6:30 PM Christ Lutheran Church 8011 Old Georgetown Road (2nd Floor) Bethesda, MD Open Meeting			

"Closed Meeting" = Only those with a gambling problem, or those who think they may have a gambling problem, and have a desire to stop gambling, may attend and participate.

"Open Meeting" = Spouses, family, and friends of the gambler are welcome to attend and observe the meeting.

GAM-ANON Meeting Schedule

Maryland Hotline Number: 888-GA-HELPS (888-424-3577)

MONDAY				
	The Rupp House 7:00 PM 33 East Church St. – 1 st Floor Frederick, MD			
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
	St. Stephen's Lutheran Church 1:30 PM 901 Courtney Road Baltimore, MD			
SUNDAY				

DELAWARE SELF-EXCLUSION PROGRAM INFORMATION

DELAWARE GAMBLING HELPLINE: **1-888-850-888**

TO BE PLACED ON THE **DE** SELF-EXCLUSION LIST YOU:

- MAY OBTAIN INFORMATION AND AN APPLICATION FORM BY USING ONE OF THE FOLLOWING METHODS:

- BY CALLING THE DE LOTTERY OFFICE IN DOVER AT **(302) 739-5291**
- IN PERSON AT THE DE LOTTERY OFFICE LOCATED AT:

DELAWARE LOTTERY
1575 MCKEE ROAD, SUITE 102
DOVER, DE 19904-1903

- OR BY GOING TO WWW.DELOTTERY.COM/PDF/VIDEOLOTTERYSELFEXAPP.DOC
- YOU MUST COMPLETE THE SELF-EXCLUSION APPLICATION AND SUBMIT IT **IN PERSON** TO THE DELAWARE LOTTERY OFFICE (ADDRESS ABOVE) DURING NORMAL BUSINESS HOURS.
- YOU WILL BE REQUIRED TO PROVIDE IDENTIFICATION THAT INCLUDES YOUR SIGNATURE AND EITHER A PHOTOGRAPH OR PHYSICAL DESCRIPTION OF YOURSELF. **WHEN YOU FILE THE FORM, YOU WILL BE PHOTOGRAPHED.** THAT PHOTO, AND OTHER IDENTIFYING INFORMATION WILL BE DISTRIBUTED TO THE VIDEO LOTTERY FACILITIES LISTED BELOW:
 - DELAWARE PARK
 - DOVER DOWNS
 - HARRINGTON/MIDWAY SLOTS & SIMULCAST

ONCE YOU ARE PLACED ON **DE**'S SELF-EXCLUSION LIST:

- VIDEO LOTTERY PERSONNEL MAY REFUSE TO ACCEPT YOUR WAGERS OR ASK YOU TO LEAVE THE GAMING AREA.
- IF YOU DO PLAY, YOU WILL BE UNABLE TO COLLECT ANY WINNINGS OR RECOVER ANY LOSSES.
- YOU WILL NOT BE ABLE TO RECEIVE COMPLIMENTARY GOODS OR SERVICES.
- YOU WILL NOT HAVE CREDIT- OR CHECK-CASHING PRIVILEGES.

LENGTHS OF SELF-EXCLUSION IN **DE**:

- ONE YEAR
- FIVE YEARS
- LIFETIME
- **WHEN YOU REQUEST SELF-EXCLUSION YOU WILL CHOOSE THE LENGTH OF TIME YOU WISH TO BE EXCLUDED. IF YOU SIGN UP FOR LIFETIME, YOU CANNOT BE REMOVED FROM THE LIST. IF YOU CHOOSE THE ONE-YEAR OR FIVE-YEAR OPTION, YOU MUST REMAIN ON THE LIST FOR AT LEAST THAT LENGTH OF TIME. AFTER THAT TIME EXPIRES, YOU MAY REQUEST TO BE REMOVED.**

NEW JERSEY SELF-EXCLUSION PROGRAM INFORMATION
NEW JERSEY PROBLEM GAMBLING HOTLINE: 1-800-GAMBLER

TO BE PLACED ON THE NJ SELF-EXCLUSION LIST YOU:

- MAY OBTAIN INFORMATION AND AN APPLICATION FORM BY USING ONE OF THE FOLLOWING METHODS:

- BY CALLING THE NEW JERSEY CASINO CONTROL COMMISSION AT **(609) 441-3780**
- IN PERSON AT THE COMMISSION'S OFFICE LOCATED AT:

CASINO CONTROL COMMISSION
ARCADE BUILDING
TENNESSEE AVENUE & BOARDWALK
ATLANTIC CITY, NEW JERSEY

- OR BY GOING TO **WWW.STATE.NJ.US/CASINOS/PROBGAMB/SELFEX.HTML**

- YOU MUST COMPLETE THE SELF-EXCLUSION APPLICATION AND SUBMIT IT **IN PERSON** TO THE NEW JERSEY CASINO COMMISSION OFFICE DURING NORMAL BUSINESS HOURS AT:

CASINO CONTROL COMMISSION
ARCADE BUILDING
TENNESSEE AVENUE & BOARDWALK
ATLANTIC CITY, NEW JERSEY

OR

DIVISION OF GAMING ENFORCEMENT
7TH FLOOR- RECORDS SECTION
140 E. FRONT STREET
TRENTON, NJ

- YOU WILL BE REQUIRED TO PROVIDE IDENTIFICATION THAT INCLUDED YOUR SIGNATURE AND EITHER A PHOTOGRAPH OR PHYSICAL DESCRIPTION OF YOURSELF. WHEN YOU FILE THE FORM, YOU WILL BE PHOTOGRAPHED. THAT PHOTO, AND OTHER IDENTIFYING INFORMATION WILL BE DISTRIBUTED TO NEW JERSEY CASINOS:

ONCE YOU ARE PLACED ON NJ'S SELF-EXCLUSION LIST:

- CASINO PERSONNEL MAY REFUSE TO ACCEPT YOUR WAGERS OR ASK YOU TO LEAVE THE GAMING AREA.
- IF YOU DO GAMBLE, YOU WILL BE UNABLE TO COLLECT ANY WINNINGS OR RECOVER ANY LOSSES.
- YOU WILL NOT BE ABLE TO RECEIVE COMPLIMENTARY GOODS OR SERVICES.
- YOU WILL NOT HAVE CREDIT OR CHECK CASHING PRIVILEGES.

LENGTHS OF SELF-EXCLUSION IN NJ:

- ONE YEAR
- FIVE YEARS
- LIFETIME
- WHEN YOU REQUEST SELF-EXCLUSION YOU WILL CHOOSE THE LENGTH OF TIME YOU WISH TO BE EXCLUDED. IF YOU SIGN UP FOR LIFETIME, YOU CANNOT BE REMOVED FROM THE LIST. IF YOU CHOOSE THE ONE-YEAR OR FIVE-YEAR OPTION, YOU MUST REMAIN ON THE LIST FOR AT LEAST THAT LENGTH OF TIME. AFTER THAT TIME EXPIRES, YOU MAY REQUEST TO BE REMOVED.

PENNSYLVANIA SELF-EXCLUSION PROGRAM INFORMATION

PENNSYLVANIA GAMBLING HELPLINE: **1-800-GAMBLER**

TO BE PLACED ON THE PA SELF-EXCLUSION LIST YOU:

- MAY OBTAIN INFORMATION AND AN APPLICATION FORM BY USING ONE OF THE FOLLOWING METHODS:
 - BY CALLING THE PA GAMING CONTROL OFFICE IN HARRISBURG AT **(717) 346-8300**
 - IN PERSON AT THE PA GAMING CONTROL BOARD OFFICE LOCATED AT:

PENNSYLVANIA GAMING CONTROL BOARD
OFFICE OF COMPULSIVE AND PROBLEM GAMBLING
303 WALNUT STREET, STRAWBERRY SQUARE
HARRISBURG, PA 17101
 - OR BY GOING TO
[HTTP://GAMINGCONTROLBOARD.PA.GOV/FILES/COMPULSIVE/SELF EXCLUSION REQUEST AND INSTRUCTIONS.PDF](http://gamingcontrolboard.pa.gov/files/compulsive/self_exclusion_request_and_instructions.pdf)
- YOU MUST COMPLETE THE SELF-EXCLUSION APPLICATION AND SUBMIT IT **IN PERSON** TO THE PA GAMING CONTROL BOARD (ADDRESS ABOVE) DURING NORMAL BUSINESS HOURS.
- YOU WILL BE REQUIRED TO PROVIDE IDENTIFICATION THAT INCLUDES YOUR SIGNATURE AND EITHER A PHOTOGRAPH OR PHYSICAL DESCRIPTION OF YOURSELF. WHEN YOU FILE THE FORM, YOU WILL BE PHOTOGRAPHED. THAT PHOTO AND OTHER IDENTIFYING INFORMATION WILL BE DISTRIBUTED TO PENNSYLVANIA CASINOS.

ONCE YOU ARE PLACED ON PA'S SELF-EXCLUSION LIST:

- VIDEO LOTTERY PERSONNEL MAY REFUSE TO ACCEPT YOUR WAGERS OR ASK YOU TO LEAVE THE GAMING AREA.
- IF YOU DO PLAY, YOU WILL BE UNABLE TO COLLECT ANY WINNINGS OR RECOVER ANY LOSSES.
- YOU WILL BE SUBJECT TO ARREST FOR TRESPASSING.
- YOU WILL NOT BE ABLE TO RECEIVE COMPLIMENTARY GOODS OR SERVICES.
- YOU WILL NOT HAVE CREDIT- OR CHECK-CASHING PRIVILEGES.

LENGTHS OF SELF-EXCLUSION IN PA:

- ONE YEAR
- FIVE YEARS
- LIFETIME
- 0, WHEN YOU REQUEST SELF-EXCLUSION YOU WILL CHOOSE THE LENGTH OF TIME YOU WISH TO BE EXCLUDED. IF YOU SIGN UP FOR LIFETIME, YOU CANNOT BE REMOVED FROM THE LIST. IF YOU CHOOSE THE ONE-YEAR OR FIVE-YEAR OPTION, YOU MUST REMAIN ON THE LIST FOR AT LEAST THAT LENGTH OF TIME. AFTER THAT TIME EXPIRES, YOU MAY REQUEST TO BE REMOVED.