

# 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.

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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

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

\_\_\_\_\_  
Signature of commission staff or designated agent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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

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## 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.

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

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## 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.

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

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## Section 4: Interpreter Information (if applicable)

**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.

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 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.

\_\_\_\_\_  
Signature of interpreter

\_\_\_\_\_  
Date