



Missouri List of Disassociated Persons
Application for Statewide Self-Exclusion
 (also known as the Voluntary Self-Exclusion Program)

Applicant Initials: _____

For MGC Office Use Only:
VCode: _____
Location: _____

Instructions - Read carefully

- Read the entire form, the Voluntary Self-Exclusion Program Rules (11 CSR 45-17), and the statewide self-exclusion guidelines before responding to the questions.
- Print legibly in blue or black ink.
- Include a recent photo and a (clear/legible) copy of a valid driver's license or other government-issued photo identification card.

Important Notice

This form is to be completed by a person who is concerned he or she is a problem gambler and who is requesting to be excluded from gambling activities at all licensed excursion gambling boats in the State of Missouri. Pursuant to 11 CSR 45-17, by signing and submitting this application, you are agreeing to refrain from visiting all Missouri casinos (excursion gambling boats) **for the rest of your life.**

The Missouri Gaming Commission recommends you seek treatment for your gambling problem. **Free treatment is available for both problem gamblers and their family.** To obtain the most recent information about treatment services, discuss your gambling problem with someone, or if you have had thoughts of suicide, please call **1-888-BETS-OFF (1-888-238-7633)**. The number is staffed 365 days per year, 24 hours per day.

Section 1: Personal Information

1 I read and understand English
 An interpreter read and explained this form to me (*Complete the "Interpreter Information & Affirmation" form*)

2 Full legal name of individual requesting voluntary self-exclusion:

First: _____
Middle: _____
Last: _____
Suffix: Jr. Sr. II III IV

3 Other names/alias/nicknames/maiden name used:

_____	_____	_____
First name	Middle	Last name

4 **Gender:** Male Female

5 **Date of birth:** (MM / DD / YYYY) _____

6 **SSN (OR Other Taxpayer Identification Number):**

Social Security # (SSN): _____
 - or -
International ID # (non-US ID): _____

In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for placement on the List of Disassociated Persons; however, omission of your SSN may increase processing time. If provided, your SSN may be disclosed to appropriate personnel of MGC and Missouri licensed casinos to enforce rules of 11 CSR 45.

7 **Physical Description:**

Height: ____' ____" **Weight (lbs):** _____

Hair Auburn Bald Black Blonde
Color: Brown Gray Red Salt Pepper
 Sandy Strawberry White Other
Eye Black Blue Brown Gray Green
Color: Hazel Maroon Multi Pink Other

8 **Ethnic Origin:**

African African-American Alaskan Native
 American Indian Asian Caucasian East Indian
 Hispanic Middle Eastern Pacific Islander Unknown

9 **Noticeable Physical Characteristics:**
 (birthmarks, scars, tattoos, etc.)

10 **Address:** _____
 Street, Apt / PO Box

City _____ State _____

Country / Province _____ Postal Code _____

County of Residence _____

11 **Telephone Number(s):**

Primary Phone _____
 Cell Phone _____
 Home Phone _____
 Work Phone _____

12 **E-mail Address:**

13 **Have you ever applied for statewide self-exclusion?**

Yes No

14 **Have you ever been approved for statewide self-exclusion in Missouri?**

Yes No





Application for Statewide Self-Exclusion (Placement on Missouri List of Disassociated Persons)

Section 1: Personal Information – Continued

15 Does your job require you to enter a Missouri casino floor in performance of your job duties? Yes No

If yes, please provide the following information:

Employer: _____

Job Title: _____

Gaming License #: _____

Location(s) at which access is/may be needed: _____

16 Driver's License / ID Card: (Attach a photocopy)

ID Number: _____

Type: Driver's License State ID Passport
 Military ID
 Naturalization Card

Exp. Date: (MM/DD/YYYY) _____

17 Gambling activities with which I have the most problems:
 Slots Poker Blackjack Pai-Gow
 Roulette Bingo Keno Video Poker
 Lottery Sports Horse/Dog Races
 Internet Stocks Other: _____

18 How did you learn about the Voluntary Exclusion Program? (*check all that apply*)
 Brochure/Literature Gaming Commission
 Signs/Info at the Casino Casino Employee
 Family Member Mental Health Provider
 Co-Worker/Friend Web site
 Helpline (1-888-Bets-Off)
 Billboard/radio/television advertisement
 Other: _____

19 What are your main reasons for deciding to voluntarily exclude yourself from Missouri's casinos? (*check all that apply*)
 To gain control Need help
 Hit rock bottom Advice of others
 Referred by casino employee
 Referred by a Counselor Referred by helpline
 Save marriage Save job
 Prevent suicide To support friend/loved one
 Other: _____

Section 2: List of Disassociated Persons Self-Exclusion Guidelines

Note: Pursuant to 11 CSR 45-17, individuals requesting placement on Missouri's List of Disassociated Persons ("List") must read, agree to, and understand the following self-exclusion guidelines before completing this request for statewide self-exclusion. If the individual has any questions about placement on the List, the individual should contact the DAP staff at the Jefferson City MGC office (573 / 526-4080).

1. You must personally and voluntarily complete a request for statewide self-exclusion.
2. Your identity and eligibility for placement on the List will be verified.
3. Once a request for statewide self-exclusion has been made, verified, and approved, your name will be added to the List and will be made accessible to each Class B Licensee and Licensed Fantasy Sports Contest Operator.
4. You agree you will not enter or attempt to enter a Missouri excursion gambling boat during the time period you are on the List. (**Any licensee may impose restrictions, including denial of access to any amenities in Missouri or other jurisdictions, and may deny you access to gambling facilities in other jurisdictions.**)
5. Any points or complimentaries you may have earned prior to placement on the List will be forfeited.
6. You will notify the MGC of any errant mailing or marketing offer you might receive from a Class B licensee or Licensed Fantasy Sports Contest Operator while on the List.
7. The consequences of you violating this agreement are criminal trespass charges and denial of any winnings resulting from gambling while on the List of Disassociated Persons.
8. It **WILL BE YOUR** responsibility to stay out of all Missouri riverboat casinos.
9. It **WILL NOT** be the responsibility of the Commission, nor any of the various casino companies, to stop you from entering a Missouri excursion gambling boat.
10. Disclosure of certain information is necessary to implement and enforce your request for self-exclusion. Your information will be added to a statewide self-exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.
11. You will notify the commission within thirty (30) days of any changes to the information provided in Section 1.
12. Your name will remain on the List indefinitely. You may apply to the Commission to have your name removed from the List no sooner than five years after placement on the List.
13. If you apply for and have your name removed from the List, and later reapply to be placed on the List, your placement on the List is irrevocable for life.





Section 3: Waiver and Release

I hereby release and hold the State of Missouri, the Missouri Gaming Commission and its employees, and all excursion gambling boats in Missouri and their affiliated companies, employees, officers and agents harmless from any claim by me or any third party for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to the request for self-exclusion or maintenance or enforcement of the self-exclusion list, including, but not limited to, relinquishing the right to any money or thing of value obtained by me from, or owed to me by, a Class B Licensee as a result of wagers made by me while on the List of Disassociated Persons. **I understand my presence on an excursion gambling boat constitutes trespassing and I will be arrested for such, I am not eligible to place a legal wager on an excursion gambling boat in Missouri and I will be denied the winnings based on any wager I might place on an excursion gambling boat.**

Section 4: Acknowledgement and Signature

I hereby acknowledge the following:

Because I am a problem gambler, I am voluntarily requesting exclusion from the premises of all Missouri excursion gambling boats, check-cashing privileges, the receipt of direct-marketing and promotional materials regarding gaming opportunities, and collection of any winnings or recovery of any losses during the exclusionary period. I understand no further points, rewards or benefits may be accumulated or redeemed from the player recognition programs I have participated in. I understand this self-exclusion request does not release me from any liabilities incurred prior to or during the self-exclusion period. I understand that during the self-exclusion period, any money or thing of value obtained by me from, or owed to me by, a casino as a result of wagers made by me while on the self-exclusion list shall be relinquished. I hereby consent to having this form, my photograph and identifying information, including my social security number, disseminated to necessary MGC, Class B Licensee and Licensed Fantasy Sports Contest Operator personnel and I hereby designate, constitute and appoint the Commission and any agent of the Commission as my agent and true and lawful attorney-in-fact in my name, place, stead and on my behalf and for my use and benefit to release all contents of my application to all Class A or B licensees (riverboat casino operators) and Licensed Fantasy Sports Contest Operators and their employees and agents. I further consent to having said information disclosed to casino affiliated companies outside of Missouri and that I may be excluded from those casinos without further action on my part. I understand the Commission or its agents or employees may contact me at times to conduct research necessary to evaluate the List of Disassociated Persons and determine appropriate methods of addressing problem gambling issues in Missouri.

I acknowledge that for my request of self-exclusion to be truly effective, I must exercise self-restraint and I shall not attempt to enter the premises of any Missouri excursion gambling boat or ask any casino employee to assist me with any of the services or privileges which are subject to this request. I acknowledge that I am hereby banned and forbidden from entering the premises of any Missouri excursion gambling boat and that if I am found anywhere on the premises of a Missouri casino, I will immediately be ejected, will be arrested, and prosecuted for criminal trespass pursuant to 11 CSR 45-17. **I certify the information I have provided herein is true and accurate, and I am not presently under the influence of any alcoholic beverages, controlled substances, or prescription medication which would prevent me from making a sober and informed decision. I further certify I have read, understand, and agree to 11 CSR 45-17, this acknowledgement, the self-exclusion guidelines, as well as to the waiver and release above. I execute it voluntarily and with full knowledge of its consequences and significance.**

Signature of Applicant for voluntary statewide self-exclusion

Date

APPLICATION MUST BE SIGNED IN THE PRESENCE OF A MISSOURI GAMING COMMISSION AGENT

Section 5: Certification of Witness

==== THIS SECTION FOR COMMISSION PERSONNEL USE ONLY ====

I certify I have witnessed the signature(s) of the person requesting placement on Missouri's List of Disassociated Persons and the signature(s) appears to agree with that contained on the above identification credentials and any physical description or photograph of the person appears to agree with his or her actual appearance.

I certify the individual appears to be sober and coherent, and to be accomplishing this application of his or her own free will. I certify I have reviewed the application for accuracy and completeness, and I have accomplished and attached all necessary supplemental information.

Signature of Commission/MSHP Agent

Badge #

Date

Printed Name of Commission/MSHP Agent

