



Massachusetts Voluntary Self-Exclusion Petition for Removal

Petitioners must present a copy of their valid government-issued photo identification card to the designated agent before the designated agent signs this petition.

SECTION 1: PERSONAL INFORMATION

1. Full legal name of individual requesting removal from the VSE list:

First Name

Last Name

2. Residential address:

Address

Apt.

City

State

Zip

3. Telephone:(____) _____ - _____ **OR** E-mail: _____

6. Year of Birth: XX / XX / _____

7. Date enrolled in VSE: ____/____/____ Term Length _____

SECTION 2: RELEASE OF INFORMATION

The MGC is collaborating with researchers to evaluate and improve the Voluntary Self-Exclusion Program. With your consent, the MGC would like to provide your contact information to these researchers so they may offer you the opportunity to participate in the study. Consenting does not mean you agree to participate in the study, just that you are willing to be contacted about the study. Do you give consent for the MGC to share your contact information with the researchers conducting this study?

(Initial)

YES

NO, I DO NOT WANT A FOLLOW UP

EMAIL (Please include address): _____

PHONE (Please include number): _____

SECTION 3: OFFERED INFORMATION ABOUT GAMBLING

The Massachusetts Council on Gaming and Health (MACGH) would like to follow up with you within one week to see how you are doing and to assure that you have been able to connect with additional resources. Do you consent to allow that your contact information is shared with the MACGH?

YES

NO, I DO NOT WANT A FOLLOW UP

EMAIL (Please include address): _____

PHONE (Please include number): _____

OK to leave voicemail?

YES

NO

OK to receive text message:

YES

NO

Best Time to call?

Morning

Afternoon

Evening

I have been offered information about problem gambling resources and treatment providers.

For more information, please visit helplinema.org or call the free and confidential 24-hours helpline at 1-800-327-5050.

(Initial)

SECTION 4: REQUEST FOR REMOVAL

I request removal from the VSE list, and certify that the information that I have provided above is true and accurate. My signature certifies that I:

- Am not presently under the influence of drugs, alcoholic beverages, or suffering from a mental health condition that impairs my ability to make an informed decision.
- Am aware that my signature below constitutes a request for removal from the VSE program, and I request that the MGC, or its designee, notify all Massachusetts gaming licensees that they may permit my presence in the gaming areas of Massachusetts casinos. I understand that if a casino licensee chooses to maintain my excluded status, I must contact the property directly if I wish to obtain reinstatement.
- Have completed my reinstatement session with a designated agent and acknowledge that I may reapply for placement on the VSE list at any time by submitting a VSE enrollment form.

Signature: _____

Date: _____ / _____ / _____

SECTION 3: CONFIRMATION OF REMOVAL RECEIPT

I have been offered a MA-VSE removal receipt from the designated agent which allows me to immediately return to gaming.

(Initial)

SECTION 4: CONFIRMATION FROM DESIGNATED AGENT

I confirm that I personally witnessed petitioner sign his/her name requesting removal from the VSE list. I confirm that the individual requesting removal from the VSE does not appear to be under the influence of drugs, alcoholic beverages, or suffering from a health or mental health condition that would impair their ability to make an informed decision. I confirm that the individual requesting removal from the voluntary self-exclusion program has completed a reinstatement session with me, the designated agent, in accordance with 205 CMR 133.00. I confirm that the individual requesting removal presented a valid government-issued I.D. to me, and the signature, physical description and identity of the individual requesting removal match the individual’s photograph and credentials.

Designated agent name

Signature of designated agent

Property_____

Date:_____/_____/_____

SECTION 5: INTERPRETER/LEGAL GUARDIAN INFORMATION (if applicable)

Only for persons requesting removal from VSE who require an interpreter or assistance of a legal guardian:

The person making this petition required the assistance of an interpreter or legal guardian in order to complete their petition. The name, address, phone number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter/legal guardian has completely and accurately communicated all instructions given by the MGC employee or its designee and that the person requesting removal from the VSE list has indicated that he/she understands the documents included in the request form.

Full name of interpreter: _____
Street address: _____
City, State, and ZIP: _____
Home telephone: (____) _____ - _____
Email address _____
Language spoken by interpreter:

Affirmation:

I, _____
through my signature below affirm, attest and acknowledge that I have served as an interpreter or legal guardian for _____
to assist him/her in completing this request. I affirm and attest that I have completely and accurately communicated all instructions from the MGC employee or designated agent verifying this request.

The person requesting removal from the VSE list has informed me that he/she understands the documents I have assisted in explaining and has signed them in an informed condition and knows and understands all of the responsibilities associated with being removed from the VSE list.

Signature of Interpreter/legal guardian

Date_____/_____/_____