



Massachusetts Voluntary Self-Exclusion Petition for Removal

Please print legibly in blue or black ink. Petitioners must present a copy of their valid driver's license, passport, military identification card, or 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	Initial	Last Name
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2. Residential address:

Address	Apt.	City	State	Zip
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3. Telephone number: (____) _____ - _____

4. E-mail address: _____

5. Social Security Number: _____ -- _____ -- _____

6. Date of Birth: _____ / _____ / _____

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

SECTION 2: REQUEST FOR REMOVAL

I request removal from the VSE list, and certify that the information that I have provided above is true and accurate. I certify 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. I certify that I 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. I acknowledge that I have completed my reinstatement session with a designated agent. I also acknowledge that I may reapply for placement on the VSE list at any time by submitting an application in accordance with 205 CMR 133.00.

Signature: _____ Date: _____ / _____ / _____

SECTION 3: CONFIRMATION OF REMOVAL RECEIPT

I have been offered a MA-VSE removal receipt from the designated agent which would allow 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 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 the 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 ____/____/____