



Michigan Gaming Control Board

DISASSOCIATED PERSONS LIST

APPLICATION PACKET

The Michigan Gaming Control Board will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs.

The Michigan Gaming Control Board offices are barrier-free and accessible to persons with special needs. Persons needing help with reading, writing, hearing, or other special accommodations or assistance, under the Americans with Disabilities Act, are invited to make their needs known to the Michigan Gaming Control Board at (313) 456-4100 to make necessary arrangements for such special accommodations or assistance.

Michigan Gaming Control Board

Disassociated Persons Application Documents

This application packet contains information regarding placement of your name on the list of disassociated persons. *It is strongly recommended you contact the **National Problem Gambling Helpline at 1-800-GAMBLER (1-800-426-2537)** prior to completion of these documents.* There are people ready to coordinate an initial consultation with a qualified counselor for your possible gambling addiction. The Michigan Department of Health and Human Services provides this care.

Please note: Beyond the requirements of section 25 of the Michigan Gaming Control and Revenue Act, MCL 432.225, please read this instruction sheet and all the information enclosed in this application packet (you must initial each page). The following documents are included in this packet:

- **Required Reading** – MCL 432.225, “Disassociated persons.” *Please read and initial each page.*
- **Application for Placement on the List of Disassociated Persons form** - *Please complete the first page and answer the questions on pages 2 and 3. It is important that you read and initial each page. Please do not sign the last page until your appointment. It will be notarized at the Michigan Gaming Control Board (Board) office.*
- **Applicant’s Supporting Affidavit and Release** – *Please read and initial each page. Please do not sign the last page until your appointment. It will be notarized at the Board office.*
- **Addendum** – *Please read and initial this page.*
- **Addendum: Detroit Casinos’ Hotel and Conference Facilities** – *Please read and initial this page.*

When you are ready to complete the application process, please contact a Responsible Gaming Representative at 313-456-4100 or 888-223-3044 to schedule your appointment.

Your appointment will be scheduled at the Board office of your choice: Cadillac Place, 3062 West Grand Blvd., Suite L-700, Detroit, Michigan 48202 **or** the Lottery Building, 101 E. Hillsdale Street, Lansing, Michigan 48933. Please bring this application packet to your appointment.

Also note, your photograph is required as part of application process and will be taken at your appointment. **You must appear in person for your appointment and bring a current driver’s license or government-issued photograph identification.**

Upon completion of the application process, you will receive a copy of your completed application, a Confidential Notice of Placement, and a Confidential Order of Placement. An Information Update Notification form will also be provided to you in the event of any subsequent changes to your personal application information.

If you are unable to keep your appointment, please call a Responsible Gaming Representative at 313-456-4100 or 888-223-3044 to reschedule.

Michigan Gaming Control Board

Disassociated Persons List Required Reading

By initialing the upper right corner of this page, I acknowledge that I have read and fully understand section 25 "Disassociated Persons" of MCL 432.225, IL 1 of 1996, as amended.

MCL 432.225 Disassociated persons.

Sec. 25. (1) The board shall create a list of disassociated persons. The board shall, with the assistance of casino licensees, inform each patron of the list of disassociated persons and explain how the patron may add his or her name to the list.

(2) The board may add an individual's name to the list of disassociated persons if the individual has notified the board in writing of his or her pledge not to visit a casino in this state by filing an application for placement on the list of disassociated persons with the board.

(3) The board shall create and make form applications for placement on the list of disassociated persons. The forms must have spaces to include all of the following information about the individual who is applying:

- (a) Full name and all aliases.
 - (b) Physical description including height, weight, hair and eye color, skin color, and any other noticeable physical characteristics.
 - (c) Occupation.
 - (d) Current home and work addresses and phone numbers.
 - (e) Social security number.
 - (f) Date of birth.
 - (g) A statement that the individual believes he or she is a problem gambler and is seeking treatment.
 - (h) A photograph suitable for the board and casino licensees to use to identify the individual.
 - (i) Other information that the board considers necessary.
- (4) An individual's name must be placed on the list of disassociated persons after all of the following have occurred:
- (a) The individual has submitted a completed application to be placed on the list of disassociated persons to the board.
 - (b) The application has been verified by a representative of the board.
 - (c) The individual has signed an affidavit in which he or she affirms that he or she wishes to be placed on the list of disassociated persons and authorizing the board to release the contents of his or her application to all casino licensees in this state.
 - (d) The individual signs a form releasing this state, the Board, and the casino licensees from any injury the individual suffers as a consequence of placing his or her name on the list of disassociated persons.

Page 2 – Section 25 the "Disassociated Persons" of MCL 432.225, IL 1 of 1996, as amended, cont'd.

- (e) The individual signs a form stating that he or she understands and authorizes all of the following:
- (i) That a criminal complaint for trespassing will be filed against him or her if he or she is found on the premises of a casino in this state and he or she will be immediately removed from the casino premises.
 - (ii) That if he or she enters a casino and wins any money, the board will confiscate the winnings.
- (5) Except as otherwise provided in this subsection, the name of an individual placed on the list of disassociated persons must remain on the list for the remainder of the individual's life. Not earlier than 5 years after an individual's name has been placed on the list of disassociated persons, the individual may submit a form, provided by the board, to the board to have the individual's name removed from the list of disassociated persons. After receiving the form under this subsection, the board shall notify all of the following that the individual's name has been removed from the list of disassociated persons:
- (a) Each casino licensee.
 - (b) The department of the attorney general.
 - (c) The department of state police.
- (6) After an application under this section has been submitted to the board, the chairperson of the board shall file a notice of placement on the list of disassociated persons with the board at the next closed session. Information contained in an application under subsection (4) or form under subsection (5) is exempt from disclosure under section 4c and is not open for public inspection. The information must be disclosed to the board, each casino licensee in this state, the department of attorney general, and the department of state police.
- (7) The list of disassociated persons must be provided to each casino licensee, the department of attorney general, and the department of state police.
- (8) A casino licensee shall submit to the board a plan for disseminating the information contained in an application for placement on the list of disassociated persons. The board shall approve the plan. The plan must be designed to safeguard the confidentiality of the information but must provide for dissemination of the information to all of the following:
- (a) The general casino manager or the managerial employee who has responsibility over the entire casino operations.
 - (b) All security and surveillance personnel.
 - (c) The department of state police.
- (9) Except as otherwise provided in this subsection, a casino licensee shall not extend credit, offer check cashing privileges, or offer coupons to, or market its services, or send advertisements to, or otherwise solicit the patronage in the casino of, those persons whose names are on the list of disassociated persons. A casino licensee may market or advertise its services, other than by direct mail, for the casino licensee's nongaming amenities, such as hotels, restaurants, and event centers.
- (10) A casino licensee shall keep a computer record of each individual whose name is on the list of disassociated persons. If a casino licensee identifies an individual whose name is on the list of disassociated persons at the casino, the licensee shall immediately notify the board, a representative of the board, or a representative of the department of state police who is at the casino.
- (11) A casino licensee who violates this act is subject to disciplinary action by the board.
- (12) The board shall promulgate rules to implement and administer this act.
- (13) An individual who has placed his or her name on the list of disassociated persons who enters a casino in this state is guilty of criminal trespassing punishable by imprisonment for not more than 1 year, a fine of not more than \$1,000.00, or both.
- (14) This section does not create any right or cause of action on behalf of the individual whose name is placed on the list of disassociated persons against this state, the board, or a casino licensee.
- (15) The board shall deposit any winnings collected by the board under this section into the compulsive gaming prevention fund created in section 3 of the compulsive gaming prevention act, 1997 PA 70, MCL 432.253.

Initials

Michigan Gaming Control Board Disassociated Persons List

Application for Placement on the List of Disassociated Persons

First Name		Middle Name		Last Name	
Current Residence Address (Street)		City		State	ZIP Code
Mailing Address (If different than Residence Address) (Street)		City		State	ZIP Code
Social Security Number		Primary Phone Number		Alternative Phone Number	
Date of Birth (mm/dd/yyyy)		Driver's License Number		State of Issuance	
Email Address					
Sex Male Female	Height ____ FT ____ IN	Weight _____ LBS	Hair Color	Eye Color	
Skin Color/Race American Indian Asian/Pacific Islander Black (African American) Hispanic White					
Multiracial Yes No (Multiracial is defined as a person who belongs to more than one race or have a parent that is multiracial)					
Casino Players Card Account Information					
Other Name or Alias					
Occupation			Business Telephone		
Business Address (Street)		City		State	ZIP Code
Vehicle Color		Vehicle Make		Vehicle Model	License Plate and State/Province
Vehicle Color		Vehicle Make		Vehicle Model	License Plate and State/Province
Other Physical Characteristics/Remarks/Tattoos					

Page 2 - Application for Placement on the List of Disassociated Persons

By completing this sworn Application for Placement on the List of Disassociated Persons, I knowingly and voluntarily affirm under oath that I understand the following questions. For each answer provided below, a “Y” indicates my answer to that particular question is “yes” and an “N” indicates my answer is “no” to that particular question.

_____ (1) Do you read and understand the English language? (An answer of “no” terminates the application process unless an interpreter is present. Signature of an interpreter is required on page 3 of application.)

_____ (2) Are you presently under the influence of any alcoholic beverages, controlled substances, or prescription medication that would prevent you from making an informed decision regarding whether to execute this application? (An answer of “yes” terminates the application process.)

_____ (3) Are you completing this application of your own free will, without undue pressure or coercion? (An answer of “no” terminates the application process.)

_____ (4) Do you believe and acknowledge that you are a problem gambler, are seeking treatment, and wish to be placed on the list of disassociated persons? (An answer of “no” terminates the application process.)

_____ (5) Do you pledge to not visit, enter, or be present in any casino licensed by the Board under the Michigan Gaming Control and Revenue Act, MCL 432.201 to MCL 432.226, IL 1 of 1996, as amended, ("the Act")? (An answer of “no” terminates the application process.)

_____ (6) Do you fully authorize the Board to release the contents of this application to each casino licensed by the Board under this Act, the Board, the Department of Attorney General, the Department of State Police, and their respective members, officers, employees, and agents in accordance with the Act and is exempt from public disclosure and not open for public inspection? (An answer of “no” terminates the application process.)

_____ (7) Do you understand that information contained in this application is exempt from disclosure under section 4c of this Act, MCL 432.204c, and is not open for public inspection, but that the information will be disclosed to the Board, each casino licensed by the Board under this Act, the Department of Attorney General, and the Department of State Police? (An answer of “no” terminates the application process.)

(8) With placement of your name on the list of disassociated persons, you agree to the following:

_____ (a) That a criminal complaint for trespassing will be filed against you if you are found on the premises of a casino licensed by the Board under this Act and you can be removed from the casino premises. MCL 432.225(4)(e)(i), you will be immediately removed from the casino premises. (An answer of “no” terminates the application process.)

_____ (b) That if you enter a casino licensed by the Board under this Act, and win any money, the Board will confiscate any winnings. MCL 432.225(4)(e)(ii). (An answer of “no” terminates the application process.)

_____ (9) Do you understand that you will be placed on the list of disassociated persons, which will be provided by the Board to each casino licensed by the Board under this Act, the Department of Attorney General, and the Department of State Police? (An answer of “no” terminates the application process.)



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Page 3 - Application for Placement on the List of Disassociated Persons

_____ (10) Do you understand that placement of your name on the list of disassociated persons must remain for life, unless after not less than 5 years after your name has been placed on the list of disassociated persons, you apply for and are approved for removal from the Board’s list of disassociated persons pursuant to MCL 432.225(5). (An answer of “no” terminates the application process.)

_____ (11) Do you understand that with placement of your name on the list of disassociated persons, it will be your responsibility to not enter, visit, or be present on the premises of any casino licensed by the Board under this Act?(An answer of “no” terminates the application process.)

_____ (12) Do you understand that with placement of your name on the list of disassociated persons, it is not the responsibility of the Board, the Department of State Police, the Department of Attorney General, or casino licensed by the Board under this Act to stop you from entering the casino? (An answer of “no” terminates the application process.)

_____ (13) Have you read section 25 of the Act, MCL 432.225, in its entirety, and do you understand and voluntarily accept the terms, conditions, requirements, restrictions, and consequences of your placement on the list of disassociated persons? (An answer of “no” terminates the application process.)

_____ (14) Is all the information provided by you in this Application for Placement on the List of Disassociated Persons complete, truthful, and accurate? (An answer of “no” terminates the application process.)

Dated: _____, Applicant

(Signature of Applicant)

Personally subscribed and sworn to before me

by _____ on this _____ day of _____, 20 _____.

Notary Public, _____ County, Michigan
My Commission expires: _____

Dated: _____

(Signature of Interpreter, if applicable)



Initials



Michigan Gaming Control Board

Disassociated Persons List **Applicant's Supporting Affidavit and Release**

I, _____, being first sworn, hereby state and affirm the following:

- (1) I have completed the attached Application for Placement on the List of Disassociated Person because I believe I am a problem gambler, am seeking treatment, and wish to be placed on the list of disassociated persons.
- (2) In consideration of being added to and placed on the list of disassociated persons:
 - (a) I have read section 25 of the Act, MCL 432.225, in its entirety, and understand and voluntarily accept the terms, conditions, requirements, restrictions, and consequences provided therein governing my placement on the list of disassociated persons. I have knowingly and voluntarily prepared and filed with the Board my attached Application for Placement on the List of Disassociated Persons.
 - (b) I knowingly and voluntarily pledge to not enter, visit, or be present on the premises of any casino licensed by the Board under the Act, after this date for the remainder of my life, unless after five years I apply for and am approved for removal from the Board's list of disassociated persons as provided by Subsection 225(5) of the Act.
 - (c) I knowingly and voluntarily authorize the disclosure of the information contained in this packet to the Board, each casino licensee in this state, the Department of Attorney General, and the Department of State Police.
 - (d) I understand that the Michigan Gaming Control and Revenue Act does not create any right or cause of action on behalf of the individual whose name is placed on the list of disassociated persons against this state, the Board, or a casino licensee.
 - (e) I knowingly and voluntarily understand and authorize the following:
 - (i) A criminal complaint for trespassing, punishable by imprisonment of not more than 1 year, a fine of not more than \$1,000.00, or both, will be filed against me if I am found on the premises of a casino in this state licensed under the Act, and that I will be immediately removed from the casino premises.
 - (ii) Any gambling winnings, money or equivalent chips, tokens, or credits that I hereafter win, while on the premises of a casino in this state licensed under the Act, will be confiscated by the Board and deposited in the state's Compulsive Gaming Prevention Fund.

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Page 2 - Applicant's Supporting Affidavit and Release

(f) I understand that under section 25 of the Act, MCL 432.225, the information contained in my Application for Placement on the List of Disassociated Persons is exempt from disclosure under section 4c of the Act, MCL 432.204c. However, because information regarding my application must be released to certain persons in order to enforce the provisions of the Act, neither the Board, nor casino licensees, the Department of Attorney General, the Department of State Police or their respective members, officers, employees and agents can guarantee the confidentiality of the information.

In addition, I knowingly and voluntarily accept any and all risk of adverse public notice, embarrassment, criticism, financial loss or other injury or harm which may, directly or indirectly, result to me as a consequence of the release of information contained in the attached Application for Placement on the List of Disassociated Persons, as authorized herein, or as a consequence of my placement on the list of disassociated persons.

I have read this Affidavit and Release and fully understand all of its terms and do hereby execute it voluntarily and with full knowledge of its consequences and significance.

IN WITNESS WHEREOF, I have executed this Affidavit and Release at _____, _____,
(City) (State)
on the _____ day of _____, 20_____.

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)

(Location)



Initials



Michigan Gaming Control Board

Disassociated Persons List
Addendum

I understand, accept, and agree that by completing and filing the attached Application for Placement on the List of Disassociated Persons and being added to and placed on the List, I may be denied service at casinos operated in other jurisdictions by Michigan casino licensees or their affiliate companies in other jurisdictions.

I understand, accept, and agree that any gambling winnings, money, or equivalent chips, tokens, or credits that I hereafter win, while on the premises of a casino in this state licensed under the Act, will be confiscated by the Board, and further consent to transfer of ownership of these funds to the state's Compulsive Gaming Prevention Fund. I agree that any currency, tokens, or instruments of monetary value in my possession at the time of arrest will be considered winnings and will be confiscated. I understand that I will not recover any losses arising as a result of any prohibited gaming activity.

I further understand, accept, and agree that any financial debts, balances, or obligations that I may owe to a casino in this state licensed under the Act at the time of my placement on the list of disassociated persons, remain my sole responsibility.



Initials



Michigan Gaming Control Board

Disassociated Persons List

Addendum: Detroit Casinos' Hotel and Conference Facilities

As of February 16, 2009, the permanent hotel and conference facilities for the three casinos in this state licensed under the Act are fully operational. As such, I understand that I am only permitted in the hotel and conference areas of the casinos in this state licensed under the Act and may not enter or be present on the casino gaming floor for any reason. I understand if I enter or am found on the casino gaming floor, under the terms and conditions of section 25(13) of the Act, MCL 432.225(13), I may be found guilty of criminal trespassing punishable by imprisonment for not more than 1 year, a fine of not more than \$1,000.00, or both.

I further understand the information provided in this addendum may change at any time and without prior notification from the Board. It is therefore my sole responsibility to keep informed of areas that I may or may not enter at the casinos in this state licensed under the Act.