

THIRD PARTY EXCLUSION REQUEST FORM

PLEASE PRINT & COMPLETE ALL FIELDS

PERSON WHO IS REQUESTING THE EXCLUSION

Full Name: Last Name:
Relationship: Email Address:
Home Phone #: Cell Phone #:
Mailing Address:

PERSON YOU'RE REQUESTING TO EXCLUDE

First Name: Last Name:
Aliases: Date of Birth:
Home Phone: Cell Phone:
Email Address: Club Serrano #: (If known)
Mailing Address:

1. I, Requestor Full Name hereby request that the San Manuel Gaming Commission ("SMGC"), an entity independent from the San Manuel Casino, revoke the gambling privileges of Gambler Full Name, hereafter known as "Gambler," for the following reason(s) (check all that apply):

- Their gambling has caused, or is causing, myself or others direct financial harm.
- Their gambling has caused, or is causing, physical or mental harms to themselves or others.
- Their gambling has put their job, career or employer at risk.
- Their gambling has resulted in them breaking the law.
- Other reason(s) (specified in comments box, #4 below)

2. In consideration of my request for third-party exclusion, I am including (as separate attachments) the following document(s) *(check all that apply)*:

Financial statements from joint bank and/or credit accounts, demonstrating that gambler has gambled more total money over a 3 month (or longer) span than they have contributed to such accounts.

Affidavits from credentialed mental health providers or physicians, attesting to mental or physical harm, to either gambler or others.

Reports, disciplinary forms, or other documentation from an employer that indicate failing job performance or attendance, combined with records such as bank statements or Club Serrano records that demonstrate an increase in gambler's frequency or duration of visits to the casino corresponding with the declining job performance.

Police reports documenting crimes, including domestic violence or abuse, which were believed by the investigators to be motivated, in whole or in part, by gambler's gambling.

Affidavits from individuals with a demonstrably close relationship to gambler, including myself, providing in detail the harm(s) being caused by gambler to him- or herself, or to others.

3. Should SMGC choose to either investigate my request, grant my request, or both:

Initials

I acknowledge and understand that approval of this request is not guaranteed, that the decision will be primarily based upon the supporting documentation I submit, and that it may take 4 weeks, or longer, for SMGC to make a decision about this request.

Initials

I understand that gambler may be entitled to an initial hearing, an appeal hearing, or both.

4. **OPTIONAL:** Gambler does not know about this request, and I am concerned about their reaction if/when they learn I am the one who submitted it. Because of this, I am requesting that San Manuel Casino and SMGC make their best efforts to keep my identity anonymous, and:

Initials

I acknowledge and understand that, at my request, SMGC will make its best efforts to withhold my name and other identifying information; however, such information may be disclosed anyway during the initial or appeals hearings, or as the result of tribal, local or state laws.

Initials

I further acknowledge and understand that, even if all personally identifying information is withheld, documentation supporting this request may be disclosed during the initial or appeals hearings, and could be used by the excluded guest to determine my identity.

5. The following is a detailed explanation of why I am making this request, including the reasons for each of the above checked boxes, and specific examples.

[Large gray rectangular area for providing a detailed explanation of the request.]

Note: if this field does not provide sufficient space for a full, detailed description, please continue writing on a separate sheet of paper and include it with your request.

<input type="text" value="(Print Name)"/>	<input type="text" value="(Signature)"/>	<input type="text"/>
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Requestor

Requestor

Date

<input type="text" value="(Print Name)"/>	<input type="text" value="(Signature)"/>	<input type="text"/>
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Received by

Received by

Date