

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 Tribal Gaming Commission ("SMTGC"), an entity independent from the Yaamava' Resort & 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)

MAIL completed form to **Gaming Commission, Attention Chief Gaming Regulator,**
27995 Highland Ave., Suite 300, Highland, CA 92346. Telephone: (909) 863-2150.

2. In consideration of my request for third-party exclusion, I will provide the following document(s) to demonstrate the harm caused by their gambling (*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. Upon receipt and review of sworn affidavits, financial statements and/or other documented evidence of harm, should the SMTGC decide to further 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 SMTGC to make a decision about this request.

Initials

I understand that Gambler will be entitled to a hearing to contest any proposed exclusion (i.e., to show why Gambler should not be excluded from the gaming facility).

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 Yaamava' Resort & Casino and SMTGC make their best efforts to keep my identity anonymous, and:

Initials

I acknowledge and understand that, at my request, SMTGC will make its best efforts to withhold my name and other identifying information; however, such information may be disclosed anyway during the hearing, 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 hearing and could be used by the Gambler 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, including reasons and specific examples.]

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.

(Print Name)	(Signature)	
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Requestor

Requestor

Date

(Print Name)	(Signature)	
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Received by

Received by

Date