

IN THE MATTER OF the Gaming Control Act, S.N.S. 1994-95, Ch. 4,  
and the *Casino Regulations* as amended

-and-

IN THE MATTER OF

(Name:)

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(Address:)

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(Date of Birth:)

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(Type of ID Shown)

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**REQUEST FOR VOLUNTARY EXCLUSION**

I, \_\_\_\_\_, of \_\_\_\_\_, Province of \_\_\_\_\_, Canada or \_\_\_\_\_, freely and voluntarily request that the appropriate officials of any casinos located at Halifax and Sydney, Nova Scotia, and operated on behalf of the Nova Scotia Gaming Corporation (hereinafter "the Casinos") exclude me from the premises of the Casinos pursuant to and under the authority of section 252(1)(e) of the *Casino Regulations*.

I AM MAKING THIS REQUEST because:

- I am concerned that my behavior with respect to gambling is such that I seem to be unable to control my desire to gamble and thus, may do financial or other harm to myself, which I want to prevent.
  - I have experienced problems with gaming in the past and do not want to expose myself to the risk of becoming re-addicted.
  - [Other reason(s)] \_\_\_\_\_
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I MAKE THIS REQUEST FOR EXCLUSION KNOWING AND FULLY APPRECIATING THAT, **should I wish in future to be re-admitted to the Casinos**, that I am required to file a written request for reinstatement of entry, and make Application for Reinstatement of Access to the Casinos, to the Nova Scotia Alcohol and Gaming Division (hereinafter “the AGD”), in the form and manner required by the AGD.

AND THAT in order to determine whether my Application for Reinstatement of Access to the Casinos will be granted, a hearing will be held before the Nova Scotia Utility and Review Board (hereinafter “the Board”) at which sufficient evidence and reasons must be provided, pursuant to s. 252(3) of the *Casino Regulations*.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that, in order for sufficient evidence to be presented at the hearing, the Director of Investigation and Enforcement, or an Investigator, appointed under the Gaming Control Act may request me to provide consent to an investigation into my personal and financial affairs. I realize that I am under no obligation to consent to an investigation.

I UNDERSTAND that any evidence gathered during such investigation, or my refusal to consent to an investigation will be presented during the hearing of my Application for Reinstatement.

I HAVE BEEN INFORMED AND UNDERSTAND THAT **this Request for Exclusion takes effect immediately and remains in effect indefinitely unless and until such time as an Application for Reinstatement is filed by me, and then heard and determined by the Board. I realize that it is fully within the discretion of the Board to either grant or deny my Application for Reinstatement.**

I ALSO CONSENT TO **my photograph being taken** and distributed as necessary to Casino staff so that my request for exclusion can be properly carried out.

KNOWING ALL OF THE ABOVE REQUIREMENTS, LIMITATIONS AND CONSIDERATIONS, I voluntarily request that I be excluded from the Casinos.

DATED at \_\_\_\_\_, Nova Scotia, on \_\_\_\_\_, 20\_\_ .

Signatures: Witness

Person requesting exclusion

\_\_\_\_\_

\_\_\_\_\_

Print Names:

\_\_\_\_\_

\_\_\_\_\_

**The original of this form and the Person's photo must be kept by the Casino where the Request for Exclusion is signed, with copies to be distributed by that Casino as follows:**

- 1) 1 copy to the Person requesting exclusion
- 2) Copies to the Casinos' staff - only those as absolutely necessary
- 3) Copies to the other casino and its' staff as necessary
- 4) 1 copy to the Nova Scotia Alcohol and Gaming Division -Attention: Director of Investigation and Enforcement.
- 5) 1 copy to the Nova Scotia Gaming Corporation

