**PERMANENT**

**SELF-EXCLUSION**

**ORDER AND NOTICE AGAINST TRESPASS**

**YOU ARE HEREBY BANNED AND PERMANENTLY PROHIBITED FROM ENTERING IN OR UPON ALL PREMISES OF FIREKEEPERS CASINO HOTEL. THIS INCLUDES THE CASINO GAMING FLOOR, ALL RESTAURANTS, HOTEL GROUNDS, EVENT CENTER, AND PIT STOP GAS STATION. ANY SUBSEQUENT ENTRY UPON ANY OF THESE PREMISES SHALL BE DEEMED TRESPASSING**.

**AUTHORITY:** Pursuant to the NHBPI Code and Constitution Article IX, Chapter 8.5, §96 and/or 18 U.S.C. § 13, the Assimilative Crimes Act provides that State offenses occurring on Indian Reservation lands such as Firekeepers Casino may be prosecuted in Federal Court. The Assimilative Crimes Act assimilates Michigan’s trespass law, MCLA 750.552, and makes it a crime under federal law.

**DATE:**

**REPORT #:**

**NAME:**

**STREET:**

**CITY:**

**STATE, ZIP:**

**D. O. B.:**

**D. L. #:**

**EYES:**

**HEIGHT:**

**REASON FOR SELF-EXCLUSION:** I have a compulsive gambling problem or need to refrain from gambling at Firekeepers casino.

**RECEIPT OF THIS NOTICE IS ACKNOWLEDGED.**

X ,HEREBY ACKNOWLEDGE RECEIPT OF A

COPY OF THIS ORDER AND NOTICE AND UNDERSTAND THAT I MUST REMAIN AWAY FROM FIREKEEPERS CASINO HOTEL RESORT AND THAT ENTRY THEREON IS A TRESPASS **SUBJECT TO PROSECUTION, FINES,** **FORFEITURE** **OF ALL WAGERS, JACKPOTS, SLOT TICKETS AND CHIPS** AND OTHER REMEDIES UNDER TRIBAL, STATE, AND FEDERAL LAW. I shall also refrain from any online gaming on Firekeepers Casino website. I will notify the Gaming Agency of any changes to Name, AdDress or any other PERTINENT information regUarding my Self Exclusion. I will also notify the Gaming Agency if I am still receiving any Mailers of any type.

**REMOVAL FROM THE EXCLUSION LIST:**

ANY PERSON WHO HAS BEEN PLACED ON THE EXCLUSION LIST MAY PETITION THE COMMISSION IN WRITING AT ANY TIME, BUT NOT MORE FREQUENTLY THAN ANNUALLY, TO REMOVE THE PERSON’S NAME FROM THE LIST. A WRITTEN AND SIGNED LETTER REQUESTING A REINSTATEMENT HEARING MUST BE SENT TO:

Agent’s Initials:

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**Alternate Self-Exclusion Process**

* 1. Complete the information needed on page #1 and sign the acknowledgement.
  2. Make a photocopy of your valid Driver’s License or other form of valid identification.
  3. Take pages #1 and #2 to a Notary Public and have them notarized.
  4. Mail or fax pages #1 & #2 and a valid copy of Driver’s License or other form of identification to the NHBP Gaming Commission’s Investigations Department.
  5. If you have any questions please call the Investigations Manager at 269-841-1074.

Print Applicant’s Name

Applicant’s Signature WITNESS, my hand and Notary Seal, this day of ,

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: County of residence:

\*To request a hearing to reverse a Self-Exclusion from FireKeepers Casino Resort please submit a written request for reinstatement to:

**EXECUTIVE ASSISTANT OF THE DIRECTOR – NHBP GAMING COMMISSION**

**11177 EAST MICHIGAN AVE.**

**BATTLE CREEK, MI 49014**