



State of New Jersey  
CASINO CONTROL COMMISSION  
**RIGHT TO APPEAL**

## NOTICE OF RIGHT TO APPEAL

1. Please be advised that pursuant to N.J.S.A. 5:12-63(b), you have the right to appeal any final action or determination taken in your matter by the New Jersey Division of Gaming Enforcement (Division). You may be represented by an attorney, but you are not required to obtain an attorney.
2. The appeal process gives you the opportunity to be heard by the New Jersey Casino Control Commission (Commission) if you are unable to reach a settlement or are dissatisfied with the Division Director's final decision in your matter.
3. **Please note:** If you enter into a settlement with the Division, you will **not** be permitted to file an appeal in your matter.
4. You will have **20 days** from the date of any final Division action or determination to seek an appeal, and to complete and file an **Appeal Request Form** with the Commission.
5. If you wish to exercise your right to appeal you must do so in writing. Please complete and send an **Appeal Request Form** by mail, fax or email to the Commission.
6. You may obtain a copy of the form on the Commission's website ([www.nj.gov/casinos/](http://www.nj.gov/casinos/)) or one can be mailed to you. For more information concerning the appeal process or to request a form be mailed to you, please contact the Hearing and Appeal Unit.

Should you require additional information regarding this process,  
please contact the New Jersey Casino Control Commission's Hearing and Appeal Unit:

New Jersey Casino Control Commission  
Tennessee Avenue and Boardwalk  
Atlantic City, New Jersey 08401

Email: [cccappeals@ccc.state.nj.us](mailto:cccappeals@ccc.state.nj.us)

Telephone: 609.441.3758

Facsimile: 609.441.7394

Website: [www.nj.gov/casinos/](http://www.nj.gov/casinos/)



State of New Jersey  
**CASINO CONTROL COMMISSION**  
**APPEAL REQUEST FORM**

New Jersey Casino Control Commission  
 ATTN: Hearing and Appeal Unit  
 Tennessee Avenue and Boardwalk  
 Atlantic City, New Jersey 08401

To Whom It May Concern:

I, \_\_\_\_\_, request to appeal the final action  
PRINT NAME  
 or determination taken in my matter by the New Jersey Division of Gaming Enforcement (Division) as permitted by N.J.S.A. 5:12-63(b). I understand that it is my responsibility to notify the New Jersey Casino Control Commission (Commission) of any change(s) to my address and/or other contact information. I also understand that if I fail to attend any scheduled conference(s) or hearing(s) dates, my ability to work in the Atlantic City casino industry may be negatively affected and my appeal may be dismissed. **(Please include a copy of the Division Order from which you are appealing.)**

\_\_\_\_\_  
 LEGAL SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 MAILING ADDRESS: NO. AND STREET, APT., SUITE, RD. NO.

\_\_\_\_\_  
 CITY, STATE, ZIP CODE

( )

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
 LANGUAGE SPOKEN (IF NOT ENGLISH)

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION?  YES  NO

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