



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

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

Re: Application of \_\_\_\_\_ (Casino Key Employee)  
[NAME]  
 Agency Docket No.: \_\_\_\_\_  
[XX-XXXX-XX]  
 Credential No.: \_\_\_\_\_  
[XXXXXX-XX]

To Whom It May Concern:

I, \_\_\_\_\_, request a hearing in the above-  
PRINT NAME  
 referenced matter. I understand that it is my responsibility to notify the New Jersey Casino Control 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.

I request that my hearing be deferred until my pending criminal charges are resolved:

YES  NO  NOT APPLICABLE

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

\_\_\_\_\_  
DATE

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

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

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

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

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

DO YOU HAVE A DISABILITY WHICH MAY REQUIRE A SPECIAL ACCOMMODATION?  Yes  No

Should you require additional information regarding this process,  
 please contact the New Jersey Casino Control Commission's Hearings and Appeals 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/)