



FELONY WAIVER APPLICATION

State Form 47670 (R2 / 11-14)
INDIANA GAMING COMMISSION

FELONY WAIVER APPLICATION

I. PROCEDURE

If you have a felony conviction, you may be eligible for a waiver of the Indiana Gaming Commission's automatic disqualification from obtaining an occupational license.

First, you must complete the following steps:

- Apply for an occupational license.
- Receive a denial of the application for occupational license due to a felony conviction (except for arrests which have been sealed or convictions which have been expunged by a court).
- Obtain a letter of support from the casino or supplier where you would work. The letter must, at least, indicate that the casino or supplier will employ you upon the issuance of a waiver.
- Complete the attached application in its entirety and submit it to the Commission.

Upon satisfaction of these steps, Commission staff will assign a review officer to your application. The review officer will determine whether you fit into one of the following categories:

- You are prohibited for life from obtaining a felony waiver under Indiana Code 4-33-8-11(d) or 4-35-6.5-11(d);
- You are prohibited for ten (10) years from the date of discharge of your sentence from obtaining a felony waiver under Indiana Code 4-33-8-11(e) or 4-35-6.5-11(e) and fewer than ten (10) years have elapsed since the discharge of your sentence; or
- You are prohibited for five (5) years from the date of discharge of your sentence from obtaining a felony waiver under Indiana Code 4-33-8-11(f) or 4-35-6.5-11(f) and fewer than five (5) years have elapsed since the discharge of your sentence.

If you are not disqualified for one of the above reasons, the review officer will schedule a hearing on your request. You will then receive instructions on the procedure for the hearing.

At the first Commission meeting following your hearing, the review officer will recommend Commission action on your request. The Commission will issue one of the following decisions:

- Approve the recommendation of the review officer as the Commission's final decision.
- Review the entire record and issue a new decision.
- Conduct its own review of your case.

You will be sent a copy of the Commission's decision. It is your responsibility to provide the Commission with your current address. If the decision is returned to the Commission due to an incorrect address, no further notice will be sent to you.

If your request is denied, you will receive instructions regarding your rights to appeal the denial.

II. INSTRUCTIONS

To ensure that your request is complete, please follow these instructions:

1. Complete and send the following two items to the Commission within ten (10) days of the date you were informed of the denial of your application for occupational license:
 - a. A completed application for occupational license (PD-1, PD-2, or PD-3); and
 - b. The attached request for waiver application (starting at page three of this packet).
2. Submit your completed request for waiver to one of the following individuals:

Executive Director
Indiana Gaming Commission
101 West Washington Street
East Tower, Suite 1600
Indianapolis, Indiana 46204

OR

The Commission office located at an Indiana casino.

3. You must submit your request in one of the following ways:
 - a. Hand delivery to a Gaming Agent or other Commission employee,
 - b. Certified mail (postage prepaid) (must be postmarked within ten (10) days after you were informed that your application has been denied);
 - c. Overnight express mail (postage prepaid) (must be postmarked within ten (10) days after you were informed that your application has been denied).

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III. REQUEST FOR FELONY WAIVER

WARNING: ANY MISREPRESENTATION OR OMISSION OF INFORMATION IN THE REQUEST FOR FELONY WAIVER CAN RESULT IN DENIAL OF THE REQUEST. [IC 4-33-8-7(2), IC 4-35-6.5-7(2), and 68 IAC 2-4-12].

<u>REQUEST FORM</u>			
<i>PLEASE TYPE OR PRINT NEATLY; ATTACH ADDITIONAL SHEETS IF NECESSARY.</i>			
1. Name (<i>first/middle/last</i>) _____			
2. Current Address (<i>number and street, city, state, and ZIP code</i>) _____			
3. Current telephone number Home (____)____-____ Work (____)____-____			
4. For which casino or supplier would you work?			
5. What job has the casino or supplier offered you?			
6. For which level of license did you apply? (<i>please circle</i>): ONE TWO THREE			
7. List your ENTIRE criminal history (<i>except</i> for arrests which have been sealed or convictions which have been expunged by a court or traffic and other infractions) as follows:			
CRIME FOR WHICH YOU WERE ARRESTED	CRIME FOR WHICH YOU WERE CONVICTED (<i>OR INDICATE IF DISMISSED OR NULL PROS.</i>)	NAME & ADDRESS OF COURT OR AGENCY	DISPOSITION (<i>INCLUDE SENTENCE AND CONVICTION DATE.</i>)
8. Attach a copy of all court documents from all of your conviction(s) <i>except</i> for arrests which have been sealed or convictions which have been expunged by a court.			

9. In your own words, explain the facts of each felony (*except* for arrests which have been sealed or convictions which have been expunged by a court). Attach additional sheets if necessary.

10. Explain any circumstances that lessen the seriousness of the felony conviction(s) (*except* for arrests which have been sealed or convictions which have been expunged by a court) and show that you have been rehabilitated. Attach additional sheets if necessary.

11. Have you been denied a gaming license or had a gaming license revoked by any other jurisdiction? (*please circle*)

Yes No

If yes, indicate the reason for the denial or revocation and the jurisdiction.

12. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship:

VERIFICATION

State of _____)

County of _____)

Under the penalty of perjury, the undersigned has examined this request for review and to the best of my knowledge and belief, it is true, complete, and correct.

Your Signature

Your printed name

Date (*month, day, year*)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this ____ day of _____, 20 ____.

Notary Public, Written Signature

Notary Public, Printed name

My commission expires (*month, day, year*): _____

County of residence: _____

Signature of person assisting the applicant in
completing this form

Printed name

Date (*month, day, year*)