

VERIFICATION OF WINNINGS OF \$1,200 OR MORE

THIS FORM MUST BE COMPLETED BEFORE PAYOUT. Distribution: Gaming Operator Licensee retains the original and distributes one copy to winner and one copy to New Mexico Human Services Dept., Child Support Enforcement Division, Attn: General Counsel, P. O. Box 25109, Santa Fe, NM 87504, within seven (7) days.

BOX 1—To be completed by WINNER

Name _____

Address _____ Zip Code _____

Telephone # _____ Social Security # _____

Under penalty of perjury, I declare that: (1) the information above is true and accurate to the best of my knowledge and belief; (2) the Gaming Operator Licensee has paid me winnings in the amount shown in Box 2 below; and (3) to the best of my knowledge and belief, I do not owe any, or am not delinquent in, child support payments in any state.

I do I do not owe any child support payments in any state, and
 I am I am not delinquent in any child support payments in any state.

Winner's Signature

Date

BOX 2—To be completed by GAMING OPERATOR

Name _____

Address _____ Zip Code _____

Telephone # _____ Federal ID # _____

WINNINGS: \$ _____ **DATE WON:** _____ **DATE PAID:** _____

I certify that I have verified the information in Box 1 using the following forms of identification obtained from the Winner:

1st ID _____

2nd ID _____

Signature and Title

Date