



TICKET CLAIM AFFIDAVIT CT Super Draw 14

Instructions: Please fill out this form completely and accurately. You may return your completed signed form in one of the following ways: 1.) Email to security@ctlottery.org, 2.) Mail to CT Lottery, ATTN: Security, 777 Brook Street, Rocky Hill, CT 06067, or bring this form directly to the CT Lottery Headquarters. Every claim will require research prior to a decision. Research can typically take up to six (6) weeks. Valid claims will be paid only after the validation period for CT Super Draw (CSD) 14 has expired. The Lottery assumes no responsibility if said winning ticket is validated and cashed in advance of our investigation. The claimant shall not be entitled to receive any additional winnings from this claim. The Lottery may honor your claim ONLY if the following conditions are satisfied in full:

1. You have provided sufficient information to allow us to verify the initial ticket purchase and ownership of the discarded ticket.
2. No competing claims have been presented for payment.
3. The validation period for the ticket has not expired.
4. You have submitted only this one claim for the ticket in question. Multiple claims for the same ticket will result in automatic disqualification and ineligibility.
5. The information contained herein is accurate and truthful to the best of your knowledge. Any person who knowingly submits misleading, dishonest or fraudulent information shall be guilty of a Class A misdemeanor and prosecuted to the fullest extent of the law. Your signature represents your knowledge of and compliance with these instructions.
6. No additions, deletions or revisions of this original information may be submitted. Any change to the original claim will result in automatic disqualification and ineligibility.
7. Only one (1) ticket per claim affidavit is permitted.
8. Ticket claims will not be accepted for stolen tickets or tickets with disputed ownership.

Claimant Information: (Please Print Clearly)

NAME: _____ TELEPHONE #: (____) _____ - _____
 ADDRESS: _____ DATE OF BIRTH: ____/____/____
 CITY/ZIP: _____ AMOUNT CLAIMED: \$ _____

Where Did You Purchase Your Ticket? (Please Print Clearly)

RETAILER ID # or TERMINAL #: _____ DATE OF PURCHASE: ____/____/____
 RETAILER NAME: _____ TIME OF PURCHASE: ____:____ AM PM
 ADDRESS: _____ AMOUNT WAGERED: \$ _____
 CITY/ZIP: _____ # OF TICKETS PURCHASED: _____
 ANY OTHER DRAW GAMES PURCHASED: _____

Your Ticket Number(s) (If Known): _____

If you have any additional details or comments that may assist us in researching your claim, please attach a separate sheet. (For example, if this ticket was purchased with any other tickets, provide us with the games and bet types of the additional tickets. Thank you.)

CLAIMANT SIGNATURE: _____ DATE: _____