



LOST TICKET CLAIM AFFIDAVIT
No Powerball, Mega Millions, Lotto, Lucky for Life,
Lucky Links, Keno or Scratch Tickets Allowed

Instructions: Please fill out this form completely and accurately. Send or bring the form to the CT Lottery, 777 Brook Street, Rocky Hill, CT 06067. Every claim will require research prior to a decision. Research can typically take up to six (6) weeks. 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 missing or lost ticket.
2. No competing claims have been presented for payment.
3. The validation period for the ticket has not expired.
4. Lost ticket claims for Powerball, Mega Millions, Lotto, Lucky for Life, Lucky Links, Keno and/or Scratch tickets are not allowed.
5. You have submitted only this one claim for the missing or lost ticket in question. Multiple claims for the same ticket will result in automatic disqualification and ineligibility.
6. 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.
7. You have enclosed a non-refundable check made out to the Connecticut Lottery Corporation in the amount of \$100.00 to defray research and administrative costs.
8. 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.
9. Only one (1) lost ticket per claim affidavit is permitted.
10. Lost ticket claims will not be accepted for stolen tickets or tickets with disputed ownership.

Claimant Information: (Please Print Clearly)

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

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

Retailer ID# or Terminal #: _____ Date of Purchase: ____/____/_____
 Retailer Name: _____ Time of Purchase: _____:____ AM/PM
 Address: _____ Amount Wagered: \$ _____
 City/Zip: _____

Game: (Check One) Play3 Day Play4 Day Play3 Night Play4 Night Cash5

Bet Type: (Check One) Box Straight Str/Box Pair Combo

Bet Features: (Check ALL that apply) Kicker Advance Action Advance Day

Quick Pick: (Check One) Yes No

Your Personal Number Selections: _____

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, give us the games and bet types of the additional tickets. Or, if you purchase the same numbers every day or every week from the same retailer, please let us know. Any information that would be considered specific to your particular purchase or to your particular buying patterns will be invaluable to our efforts. Thank you.)

CLAIMANT SIGNATURE: _____ DATE: _____