



New Jersey
Lottery

Claim Form Instructions For Winning Tickets

The electronic version of the New Jersey Lottery's Claim Form is the fast, easy way for you to file a claim. This electronic Claim Form is the same one you will find at any New Jersey Lottery retailer, and it can be used for winning instant game tickets, or winning 'live drawing' tickets. Simply type into the Claim Form, print it out, and send it in.

To Complete The New Jersey Lottery Claim Form For Winning Tickets:

- a) **Items 1 through 8**—For Item 1 (Claim Date), enter today's date (in **mm/dd/yy** format). For Items 2-8, fill in the appropriate name and address information. If ticket has not been validated, leave Item 2 blank.
- b) **Item 9**—Enter your Social Security number without any breaks or dashes—the form will automatically format it for you.
- c) **Item 10**—Enter your telephone number without any breaks or dashes—the form will automatically format it for you.
- d) **Items 11 and 12**—If you are a non-resident alien and do not possess a Social Security number, provide us with your country of origin (Item 11), and your passport number (Item 12).
- e) **Items 13 through 16 are for INSTANT TICKET CLAIMS ONLY.** For Item 13, enter the name of the game, and for Item 14, enter the amount you won on that game. For Item 15, you will find the serial number you need on the back of the ticket, near the bar code. For Item 16, you will find the serial number you need in the 'scratch-off' area, once you have scratched off all of the latex covering. For both Items 15 and 16, enter the complete serial number as it appears in each of those areas on the ticket.
- f) **Items 17 through 21 are for MACHINE TICKET CLAIMS ONLY.** For Item 17, you will find the date of the drawing beneath the numbers on your original winning ticket. For Item 18, enter the prize amount if you know it. For Item 19, select the game for which you have a winning ticket. Item 20 is the serial number found on the front of your original ticket. Item 21 will be found on the validation slip for your winning ticket, should you have been able to validate the ticket. If the ticket has not been validated, leave Item 21 blank.
- g) **Item 22**—See separate instructions for Questionable Claims.
- h) **Items 23 and 24**—For Item 23, provide a Driver's License number, and indicate whether it is your claim, or you are completing it for another person (i.e., spouse, parent, etc.). For Item 24, sign the Claim Form once it has been printed.
- i) Once you have printed and signed the Claim Form, **sign the back of your ticket(s)** and staple your ticket(s) to the Claim Form in the spaces indicated near the bottom page. Please retain copies of all documents for your records. Send the completed Claim Form, as well as your original ticket and any validation slip to the New Jersey Lottery at the following address:

New Jersey Lottery
Attn: Validations
P.O. Box 041
Trenton, NJ 08625-0041

If you have questions about your Claim Form—either when you are completing it, or after you submit it to the New Jersey Lottery—please contact Validations directly at 609-599-5824.



New Jersey
Lottery

Claim Form Instructions For ‘Questionable’ Tickets

The electronic version of the New Jersey Lottery’s Claim Form, in addition to being utilized to claim winning tickets, can also assist you when you question the result on an instant or ‘live drawing’ ticket. Simply type into the Claim Form, print it out, and send it in.

To Complete The New Jersey Lottery Claim Form For ‘Questionable’ Tickets:

- a) **Items 1 through 12**—Complete as you would for a ‘Winning Ticket’ claim (see page 1 for ‘Claim Form Instructions For Winning Tickets)
- b) **Items 13 through 16 are for INSTANT TICKET CLAIMS ONLY**—Complete as you would for a ‘Winning Ticket’ claim (see page 1 for ‘Claim Form Instructions For Winning Tickets)
- c) **Items 17 through 21 are for MACHINE TICKET CLAIMS ONLY**—Complete as you would for a ‘Winning Ticket’ claim (see page 1 for ‘Claim Form Instructions For Winning Tickets)
- d) **Item 22**—Choose one of the choices for what you believe to be the problem with your ticket(s). If the choices do not seem to apply, please check off ‘OTHER EXPLAIN’, and write in a brief explanation after you have completed the remainder of the form and printed it out. If you need more space for an explanation, please write ‘see attached’ and include a brief note regarding the ticket(s).
- e) **Items 23 and 24**—For Item 23, provide a Driver’s License number, and indicate whether it is your claim, or you are completing it for another person (i.e., spouse, parent, etc.). For Item 24, please sign the Claim Form once it has been printed.
- f) Once you have printed and signed the Claim Form, **sign the back of your ticket(s)** and staple your ticket(s) to the Claim Form in the spaces indicated near the bottom page. Please retain copies of all documents for your records. Send the completed Claim Form, as well as your original ticket and any validation slip to the New Jersey Lottery at the following address:
New Jersey Lottery
Attn: Validations
P.O. Box 041
Trenton, NJ 08625-0041

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NEW JERSEY LOTTERY CLAIM FORM

THIS BLOCK FOR LOTTERY USE ONLY



1 CLAIM DATE												2 VALIDATING RETAILER NO.											
3 NAME OF CLAIMANT ON BACK OF TICKET (LAST - FIRST - MIDDLE INITIAL)																							
4 IF A GROUP SHARING PRIZE ENTER GROUP NAME BELOW																							
5 STREET ADDRESS/APT. NO. (IF ANY) OF 1ST CLAIMANT (LINE 4)																							
6 CITY												7 STATE						8 ZIP CODE					
9 SOCIAL SECURITY NO. FOR TAX I.D. PURPOSES												10 PHONE NUMBER											
11 NON RESIDENT ALIEN COUNTRY OF ORIGIN												12 PASSPORT NUMBER											

INSTANT TICKET CLAIMS ONLY

13 NAME OF GAME						14 PRIZE AMOUNT						15 PACK & SEQUENCE NO.						16 RECORD BELOW THE 12-DIGIT SERIAL CODE LOCATED WHERE LATEX COVERING IS REMOVED					
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MACHINE TICKET CLAIMS ONLY

17 DRAWING DATE						18 PRIZE AMOUNT						19 GAME TYPE											
												<input type="checkbox"/> PICK 3 <input type="checkbox"/> PICK 4 <input type="checkbox"/> JERSEY CASH 5 <input type="checkbox"/> PICK 6 <input type="checkbox"/> MEGA MILLIONS <input type="checkbox"/> POWER BALL <input type="checkbox"/> OTHER											
20 BET TICKET SERIAL NO.												21 CLAIM TICKET VALIDATION NO.											

{ STAPLE VALIDATION SLIP TO THIS FORM - BELOW AT INDICATED AREA }

QUESTIONABLE TICKETS ONLY

22 ALTERED <input type="checkbox"/>				MUTILATED <input type="checkbox"/>				UNREADABLE <input type="checkbox"/>				DEFECTIVE <input type="checkbox"/>				DOES NOT VALIDATE <input type="checkbox"/>				OTHER EXPLAIN <input type="checkbox"/>			
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PROOF OF IDENTIFICATION & SIGNATURES

23 IDENTIFICATION PRESENTED (TYPE /NUMBER) EXAMPLE: DRIVER'S LICENSE Q 1234-23456-12233												IF PERSON PRESENTING THIS CLAIM/TICKET IS DIFFERENT THAN NAME ON BACK OF TICKET, INDICATE HERE AND STATE RELATIONSHIP											
												<input type="checkbox"/> RELATIONSHIP TO CLAIMANT _____											
WE (CLAIMANT & LOTTERY RETAILER) HEREBY CERTIFY THAT THE ABOVE TICKET INFORMATION FULLY AGREES WITH THE PRINTED INFORMATION ON THE TICKET ATTACHED.																							
24 CLAIMANT'S SIGNATURE												25 RETAILER'S SIGNATURE											

**STAPLE TICKET SLIP HERE
FACE UP**

**STAPLE VALIDATION SLIP HERE
FACE UP**

RETAILER / CLAIMANT INSTRUCTIONS FOR CLAIM FORM COMPLETION

- RETAILER MUST ASSIST CLAIMANT IN COMPLETING ALL APPROPRIATE ITEMS ON CLAIM FORM.
- TICKET OWNER MUST SIGN BACK OF TICKET AND CLAIM FORM. CLAIMANTS NAME ON CLAIM FORM, SIGNATURES ON TICKET AND CLAIM FORM MUST MATCH EXACTLY.
- STAPLE TICKET AND VALIDATION SLIP TO LOTTERY COPY OF CLAIM FORM FACE UP IN THIS SECTION.
- RETAILER SIGN CLAIM FORM. RETAIN RETAILER COPY OF CLAIM FORM FOR RECORDS AND RETURN COMPLETED CLAIM FORM MAILER TO CLAIMANT.
- CLAIMANT PLACE ORIGINAL CLAIM FORM, ATTACHED WINNING TICKET AND VALIDATION SLIP INSIDE PROVIDED ENVELOPE AND MAIL IMMEDIATELY. FOLLOW INSTRUCTIONS BELOW.
- POSTAGE IS PAID BY N. J. LOTTERY, NO STAMP REQUIRED.
- CLAIMANT ALLOW 3 WEEKS FOR PROCESSING AND PAYMENT OF YOUR CLAIM.

- IF THERE IS A DELAY IN PAYMENT OF YOUR CLAIM, YOU MAY CHECK ON THE STATUS BY FORWARDING A COPY OF THE CLAIM FORM AND A SHORT LETTER OF EXPLANATION TO:

{ VALIDATION SECTION
NEW JERSEY LOTTERY
PO BOX 041
TRENTON, NJ 08625-9928 }

- PAYMENT OF PRIZE REQUESTED HEREIN IS SUBJECT TO N. J. LOTTERY HEADQUARTERS AUTHORIZATION AND VALIDATION REQUIREMENTS.
- GROUP SHARING PRIZE OBTAIN I.R.S. FORM 5754. COMPLETE AND FORWARD TO FINANCE DEPT. N. J. LOTTERY

CLAIMANT MAILING INSTRUCTIONS

- RETAIN CLAIMANT COPY OF CLAIM FORM FOR YOUR RECEIPT.
- CLAIMANT REMEMBER TO PLACE LOTTERY COPY OF CLAIM WITH ATTACHED TICKET AND VALIDATION SLIP IN ATTACHED ENVELOPE. FOLD FORM IN HALF AND SEAL ENVELOPE.
- PLACE YOUR ADDRESS ON ENVELOPE. MAIL ENVELOPE IMMEDIATELY TO AVOID DELAY OF PAYMENT.

WEB