



**Hoosier Lottery**  
**Quick Draw Free Ticket Prize Claim Form and Affidavit**  
**Deadline for Claim is August 18, 2021**

The Hoosier Lottery (Lottery) is committed to our customers and values your purchase of our games as we raise revenue for good causes throughout the State. A software error on self-service vending machines in Indiana Walmart locations has resulted in a number of Quick Draw players not being awarded the correct free ticket prize in accordance with the Quick Draw game rules. The Lottery will provide credits to players who have a valid claim that they did not receive free ticket(s) in the correct amount. If you believe that you validated a winning Quick Draw ticket on a GameTouch™ 20 self-service vending machine at a Walmart location prior to July 3, 2021 and were awarded a free ticket for the incorrect amount, you may submit this Claim Form and Affidavit. Claims must be received by the Lottery by August 18, 2021.

By my signature below, I claim and affirm, under the penalties of perjury, that:

1. I validated (a/k/a cashed) a Quick Draw lottery ticket on \_\_\_\_\_, which entitled me to a free ticket in the amount of \_\_\_\_\_ Dollars (\$\_\_\_\_\_\_).  
(Month, Day, Year)
2. The Ticket was purchased at \_\_\_\_\_ located at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, at approximately \_\_\_\_:\_\_\_\_ a.m./p.m. (Circle one).  
(Retailer Name)  
(Street address, City, Zip)  
(Month, Year)
3. I validated the Ticket at the Walmart located at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, at approximately \_\_\_\_:\_\_\_\_ a.m./p.m. (Circle one).  
(Street address, City, Zip)  
(Month, Year)
4. The wager amount of the originally purchased Ticket was: \_\_\_\_\_ Dollars (\$\_\_\_\_\_\_).
- 5a. (If I have the original Ticket that I validated on the GT-20 machine) Serial Number of Ticket: \_\_\_\_\_.
- 5b. (If I have the “free ticket” that printed from the GT-20 machine when I validated my Ticket) Serial Number of Ticket: \_\_\_\_\_.
- 5c. (If I have neither) I am unable to present either the (1) Quick Draw Ticket or (2) free ticket in the incorrect amount due to the following facts and circumstances (attach additional pages if necessary):  
\_\_\_\_\_

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6. I understand and agree that payment of the prize will be made only if the Lottery determines, after a complete investigation of the facts, that substantial evidence supports my claim. I further understand and agree that any payment by the Lottery shall be for the amount of the difference between the prize I received and the prize that the Quick Draw game rules state I should have received and shall not include interest.
  7. I agree to and shall return or repay to the Lottery any prize which the Lottery subsequently determines was improperly paid to me. Lottery shall provide written notice to me of any such determination, and I shall return or repay the prize within thirty (30) days of receipt of such notice or as otherwise agreed by me and the Lottery in writing. In the event I fail to return or repay said prize within the thirty (30) day period, I agree to indemnify, repay or reimburse the Lottery for its costs and expenses, including attorneys' fees and court costs, incurred in recovering the prize and shall pay the Lottery interest on the value of the prize at the rate of twelve percent (12%) per annum from the date of the improper payment.
  8. I agree to and shall protect, defend and hold harmless the Lottery from and against any and every suit, action, judgment, award or claim of any kind to recover the prize based upon allegations of improper or wrongful payment. In addition, I agree to and shall indemnify, repay or reimburse the Lottery costs and expenses, including attorneys' fees, incurred as a result of such suit, action, judgment, award or claim.
  9. I affirm under the penalties of perjury that the information provided in this Quick Draw Free Ticket Claim Form and Affidavit is true and correct to the best of my knowledge, information and belief and is intended as an inducement to the Lottery to deliver or pay the prize to me. Further, I acknowledge and understand that the Lottery is relying on the information contained in this Claim Form and Affidavit.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail Completed Form to:**  
**Hoosier Lottery**  
**ATTN: Quick Draw**  
**1302 N. Meridian Street, Suite 100**  
**Indianapolis, IN 46202**