

NEVADA DEPARTMENT OF CORRECTIONS

FAITH GROUP AFFILIATION DECLARATION FORM

(Print clearly; unreadable requests will not be processed.)

Inmate Name: _____ DOC # _____

Current Institution: _____

Current Faith Group affiliation: _____

Change to (write N/A if no change): _____

NOTE: You may not make another Faith Group Affiliation change for 12 months from the last Approved Date. Upon approval of this affiliation change you are responsible for obtaining, at your own expense, any items relating to your new Faith Group. It is your responsibility to learn and comply with the rules regarding your new Faith Group.

Inmate's Signature

Date Submitted

Chaplain/AWP Signature

Date

Approved **Denied**
(circle one)

Reason For Denial:

Original: I-file

1 This form is used to determine religious services needs and is not used as an identifying tool in any manner.

Request for Accommodation of Religious Practices

Inmates requesting the introduction of a new component to Religious practices currently allowed within the Department (new religion, service, property or attire) must provide the Chaplain/designee with a comprehensive description of the religion or component by completing this form.

Your request must be submitted on this form. Supplemental material may be attached, but consideration will primarily be given to the material submitted on the completed form. Please print all information. Illegible/incomplete requests will cause delays or may not be considered.

Please allow 120 days for a response

A. Inmate Name	NDOC #	Institution
Declared Faith:		
B. What would you like to change or add?		
C. Please give detailed explanation on why this change or addition is needed.		
D. List your source of authority for this change.		

Inmate Signature	Date Submitted
Chaplain/Designee	Date Forwarded to RRT
RRT Signature	Date Forwarded to DD
Deputy Director's Signature	Date Response to Offender

Result of Request

NDOC Religious Property Request Form
(Submit all requests to the Chaplain/Designee)

Date: _____

Name: _____ NDOC# _____

Your declared religion: _____ Institution: _____

List the items for which you are requesting approval:

Circle one: Personal / Group

Provide the full name and address of the supplier / vendor / store.

Instructions

- 1) Submit the completed form to the Chaplain.
- 2) After receipt of the signed form, you may order the approved items.
- 3) All approved items must be ordered through the Canteen or an approved outside vendor / supplier.
- 4) Upon arrival, the items will be distributed through the Canteen or Property room.

Note

- Only order religious items allowed by AR 810
- Only order items allowed for your declared faith
- Failure to follow this procedure may result in a delay or denial of your request.

ALL REQUESTS ARE PROCESSED IN ACCORDANCE WITH AR 810 and NDOC RELIGIOUS PRACTICE MANUAL.

Reviewing Chaplain: _____ Date: _____

Notes: _____

Warden/designee _____ Date: _____

Approved [] Denied []

Notes: _____

Inmate Request for Recognized Holiday Service

Inmates requesting a Special religious Holy Day Service/Meeting and/or Food at Chapel/Earth-Based Grounds must fully complete this form and submit it to the Chaplain/Designee at least thirty (30) but not more than forty-five (45) days prior to the requested special service/meeting or event. If a request is being made by a group of inmates, the group must designate a single inmate to act as the group representative and point of contact for all matters associated with this request. The group representative should be the inmate who signs and submits this form.

Your request must be submitted on this form. Supplemental material may be attached, but consideration will primarily be given to the material submitted on this completed form. Please print all information. Unreadable / incomplete requests will cause delays or may not be considered. Untimely requests will not be considered.

1. Faith-group _____
2. Holy Day Observance _____
3. Date of service. _____
4. Requirements for observance of holiday service.
 - a. Please describe in detail the service associated with celebrating this holiday.

 - b. Is fire necessary for the observance of this holiday? _____
 - c. How long will the service last? _____
 - d. Will you purchase food from the canteen/coffee shop for the observance of this holiday? _____
Any food purchased must be consumed during the holiday service. LEFTOVER FOOD MAY NOT BE TAKEN BACK TO ANY CELLS.
5. Will a volunteer or outside sponsor be participating in this holiday service?
Yes ____ No ____ If yes, who? _____
(Please print)

Attach a list of proposed participants

Submitted by: _____ / _____
Inmate's Name (Printed) and NDOC # Date Submitted

Inmate's Signature: _____

Facility: _____

Approved/Denied by: _____ Date: _____
Chaplain/designee

Approved/Denied by: _____ Date: _____
Warden/designee

Cc: I-file

DOC 3529 (06/14)



Request for NDOC to Accept Donated Items

To: 1st Warden of Prison/Division Head listed below.
2nd If Warden/Division Head approves forward to Deputy Director for final decision.
3rd If the Deputy Director approves, forward to Fiscal Services. If not, return to Warden/Division Head.
4th Fiscal Services will scan and email a copy of the final approval back to originating Warden/Division Head.

Date: _____

Prison/Division: _____

Fill in Prison or NDOC Division name or initials here

Who is requesting to donate items to the NDOC? An Individual or an Association

Person or Association Print Name _____

Donators' Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

I/we request to donate the following items:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
- Estimated Total Dollar Value \$ _____

Comments: _____

Warden/Division Head Recommendation:	Approve <input type="checkbox"/> Deny <input type="checkbox"/>
_____	_____
Wardens/Division Head Signature	Date
_____	_____
<u>Deputy Director's decision:</u> The request to donate items listed above is:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
_____	_____
Deputy Directors Signature	Date
_____	_____

FISCAL SERVICES ONLY
1. DOA Approval Date: _____
2. PDR: yes <input type="checkbox"/> no <input type="checkbox"/>
3. DOC Purchasing Date: _____
4. Facility/Div. Date: _____

Original: Chief of Fiscal
 Copy: Warden/Division Head of Originating Facility