DONATION REQUEST FORM

cc: Institutional Warden, Requesting Donor

STATE OF NEVADA

DEPARTMENT OF CORRECTIONS OFFICE OF THE DIRECTOR

TO:	DATE:
Deputy Director	
FROM:	
SUBJECT: Request to Accept Donated Items	
Name of Person Donating:	
Check if: Person Association Name:	
I	request to donate the following
items to:	
1	
2	
3	
4	
ESTIMATED TOTAL DOLLAR VALUE:	
Comments:	
Signature	Date
☐ APPROVED ☐ DISAPPROVED	
Warden / Division Head Signature	Date
☐ APPROVED ☐ DISAPPROVED	
Deputy Director Signature (required only if over \$5,000)	Date
Original: Chief of Fiscal Services	

DOC 4514 (Rev 6/6/08)

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

Date:	NDOC#	Housing:
Name:		
Your declared religion:	Institution:	
List the items for which you a	re requesting approval:	
Personal:		
		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.
		4) Upon arrival, the items will be distributed through the Canteen and Property room.
Group:		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 PROCES PRACTICE MANUAL.	SED IN ACCORDANCE WITH	AR 810 and NDOC RELIGIOUS
Reviewing Chaplain:		Date:
Notes:		
Warden/designee	_	_ Date:
Approved [] Denied	[]	
Notes:		

Cc: Property, Mailroom, I/File, Chaplain, Canteen, File

NEVADA DEPARTMENT OF CORRECTIONS

FAITH GROUP AFFILIATION DECLARATION FORM

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

Inmate Name:	_ DOC # Housing:
Current Institution:	_
Current Faith Group affiliation:	
Change to (write N/A if no change):	
Approved Date. Upon approval of this affi	Group Affiliation change for 12 months from the lastiliation change you are responsible for obtaining, a ur new Faith Group. It is your responsibility to learnew Faith Group.
Inmate's Signature	Date Submitted
Chaplain/AWP Signature	Date Received
Approved Denied (circle one)	Date
Reason For Denial:	
Original: Associate Warden/Designee Copies: Chaplain, I/file	

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

Inmate Request for Recognized Holiday Service

Inmates may request to celebrate their AR 810 recognized holidays on the actual day that they occur rather than on their regularly scheduled weekly day of worship. Details of the planned holiday must be provided to the Chaplain by filing out this form. Your request must be received at least 30 days but no more than 45 days in advance of the date of the requested special service.

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.

1.	Faith-group and requested holiday service.				
2.	Date of service.				
3.	What unit are the participants housed in?				
4.	Requirements for observance of holiday service.				
	a.	Please describe in detail the service associated with cel-	·		
	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 Any food purchased must be consumed during the holid BE TAKEN BACK TO ANY CELLS.			
5. Attac	Yes	volunteer or outside sponsor be participating in this holid. No If yes, who? (Please proposed participants			
Subm	itted by: _	Inmate's Name (Printed) Inmate's Signature	Date Submitted		
Facili	ty:				
Religi	ion:				
Appro	oved/Deni	ed by:Chaplain/designee	Date:		
Appro	oved/Deni	ed by: Warden/designee	Date:		

Cc: Chaplain/designee, Associate Warden

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 <u>print</u> 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
a. miniate Ivaine	NDOC#	msututon
Declared Faith:		
Decialed Faith:		
B. What would you like to chang	e or add?	
o. What would you like to change	of aud.	
C. Please give detailed explanation	on on why this change or addition is neede	d.
D. List your source of authority f	or this change.	
Inmate Signature	1	Date Submitted
Chaplain/Designee		Date Forwarded to RRT
DDT C! 4		D-4- E J-14- DD
RRT Signature		Date Forwarded to DD
Deputy Director's Signature]	Date Response to Offender
Result of Request		

Waiver for Removal of Hardback Religious Covers

Inmate name:	NDOC #:
Housing: Date:	
I hereby request that the hard covers	s of the book
be removed before it is delivered to	me.
I understand that the covers may be understand that, in the process, the b	e removed by Mailroom Officers, staff, or the vendor. I also book might be damaged.
I understand that once the hard co signature.	vers are removed, the books will be authorized by a stamp
I do hereby agree to hold harmless occur in the removal process.	the Department and its employees for any damage that might
Signed:	NDOC #: Date: