

DONATION REQUEST FORM

STATE OF NEVADA

DEPARTMENT OF CORRECTIONS
OFFICE OF THE DIRECTOR

TO: _____
Deputy Director

DATE:

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

cc: Institutional Warden, Requesting Donor

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 are requesting approval:

Personal: _____

Group: _____

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.

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: _____

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): _____

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 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.

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	

Waiver for Removal of Hardback Religious Covers

Inmate name: _____ NDOC #: _____

Housing: _____ Date: _____

I hereby request that the hard covers of the book _____
be removed before it is delivered to me.

I understand that the covers may be removed by Mailroom Officers, staff, or the vendor. I also understand that, in the process, the book might be damaged.

I understand that once the hard covers are removed, the books will be authorized by a stamp signature.

I do hereby agree to hold harmless the Department and its employees for any damage that might occur in the removal process.

Signed: _____ NDOC #: _____ Date: _____