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

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

DOC-3503 (revised 6/14)
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

<table>
<thead>
<tr>
<th>A. Inmate Name</th>
<th>NDOC #</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declared Faith:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Inmate Signature</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain/Designee</td>
<td>Date Forwarded to RRT</td>
</tr>
<tr>
<td>RRT Signature</td>
<td>Date Forwarded to DD</td>
</tr>
<tr>
<td>Deputy Director’s Signature</td>
<td>Date Response to Offender</td>
</tr>
</tbody>
</table>

Result of Request | DOC 3505 (rev 09/10)
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: ____________________________________________
________________________________________

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

DOC 3528 (06/14)
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 □  Deny □
Warden/Division Head Signature ___________________________ Date __________
Deputy Director’s decision: The request to donate items listed above is: Approved □  Denied □
Deputy Director’s Signature ___________________________ Date __________

FISCAL SERVICES ONLY
1. DOA Approval Date: _________________
2. PDR: yes □  no □
3. DOC Purchasing Date: _________________
4. Facility/Div. Date: _________________

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

DOC 4514 (3-17)