To request a religious accommodation, submit the completed form to the facility Chaplain, or other designated staff. Supplemental materials and additional pages may be attached. Please do not send originals of supplemental materials as the Department will not photocopy or return materials. Because of the necessary level of review, the process may require up to 120 days for completion.

Please check as applicable and complete the appropriate section(s) below:

☐ Request for New Religion: Complete Sections 1, 2, and 3

☐ Request for Personal and/or Group Religious Item(s): Complete Section 2

☐ Request for Religious Activity(s) Section 3: Complete Section 3

I have read and understand Department Policy 24.3, Religious Services. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested may not be granted or may only be granted in part. I understand that the Maine Department of Corrections may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Prisoner Name (Printed) __________________________ MDOC # __________________ Date __________

Prisoner Signature __________________________

Chaplain, or other designated staff, Name (Printed) __________________ Date Received __________

Chaplain, or other designated staff, Signature __________________________
Section 1: Request to Allow a New Religion to be Practiced Within the Department’s Adult Facilities

1. Name of the religion: ________________________________________________________

2. Number of other prisoners who are anticipated to practice this religion, if allowed: _____

3. Major beliefs of this religion: ________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. The name of the primary religious text(s) of this religion: _______________________
________________________________________________________________________
________________________________________________________________________

5. The nearest municipality and state in which this religion is practiced and the name of the group or organization practicing this religion: ____________________________
__________________________________________________________________________
__________________________________________________________________________

Section 2: Request for Personal and/or Group Religious Item(s)

1. Name of religion: __________________________________________________________

2. Personal religious item(s) requested: _________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Explain if the religious item(s) are necessary to a religious belief or practice or why the item is desired: __________________________________________________________
________________________________________________________________________
4. Group religious item(s) requested: _____________________________________________

___________________________________________________________________________

___________________________________________________________________________

5. Explain if the religious item(s) are necessary to a religious belief or practice or why the item
   is desired: __________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

6. Sources from which these items can be acquired: ________________________________

___________________________________________________________________________

___________________________________________________________________________

Section 3: Request for Religious Activity(s)

1. Name of the religion: ______________________________________________________

2. Individual activities (e.g., fasting on certain days, praying a certain number of times per day
   or week, etc.): ____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. Group activities (e.g., group religious/worship service on a certain day of the week, etc.):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

4. Religious Holy Days (include rituals, if any): ________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
5. Selected religious feast (one only per calendar year) (include date and any special food item):

________________________________________________________________________
________________________________________________________________________

6. Religious dietary practices (e.g., not allowed to eat pork, etc.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendation of the Department Faith Review Committee:

☐ Approve ☐ Deny in whole ☐ Deny in part (specify)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Printed Name of the Chair, or designee  Date

Signature of the Chair, or designee

Decision of Commissioner, or designee:

☐ Approved ☐ Denied in whole ☐ Denied in part (specify)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Printed Name of Commissioner, or designee  Date

Signature of Commissioner, or designee