

**Division of Juvenile Justice Services
State of Utah**

JJS RELIGIOUS ORIENTATION AND REQUEST FORM

It is the policy of the Division of Juvenile Justice Services that all facility residents be permitted to participate in weekly religious services and religious counseling on a voluntary basis. **This is subject to limitations necessary to maintain order and security, programming and treatment needs of the juveniles.**

You have the right to voluntarily practice the religion of your choice while in Division care. You are also entitled to contact clergy upon release from the Division's custody, and the Division will assist you with such contact.

The Division provides various religious services weekly. Residents may choose to attend those regularly scheduled services. If your particular religious services are not provided, you may request that clergy from your religion be allowed to conduct weekly religious services.

A request to see clergy may be made by checking the "Request to see Clergy" box located below. Clergy is usually an individual identified as your Pastor, Priest, Bishop, Rabbi or Minister.

You may also request that your clergy be notified upon your release from the facility. Facility staff will then help facilitate that transition so your clergy contact can be made in the community.

You may change your option at any time during your confinement.

Please select from the following options:

_____ **I do not wish contact from clergy at this time.**

_____ **Request to see Clergy ***
I request to have the clergy of my choice visit me while I am in Division of Juvenile Justice Services custody. I understand that clergy contact is subject to limitations as noted above.

_____ **Clergy Notification of my Release ***
I request that a community clergy representative of my choice be notified of my impending release. A facility staff member will help coordinate the transition and establish a clergy contact in the community.

*** By making this request, I give my permission for JJS staff to ask facility-based clergy to assist in identifying and contacting my community clergy representative. I understand that notification of my wishes will be given to my legal guardian and their permission to proceed must be obtained if I am under 18 years of age.**

Resident Name: _____ Home Phone: _____

Home Address: _____ Present Location: _____

Parent(s)/Guardian(s): _____

Notification Information:

Clergy Name /Religious Affiliation and Congregation, Ward, or Parrish

Resident Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____