DEPARTMENT OF CORRECTIONS

VIDEO VIEWING REQUEST FORM

Individuals supervised by the DOC/juvenile residents may view a video recording of a funeral (wake/visitation/cremation) service of an immediate family member.

The video recording must not contain any security threat group displays, nudity, or offensive content. The recording must be on a DVD disc or flash drive (preferred). The recorded time must not exceed one hour in length. The Spiritual Care/Religious Services Coordinator will screen the video prior to the individual's/resident's viewing.

After the viewing, the video must either be mailed out of the facility at the expense of the individual supervised by the DOC/juvenile resident or it must be disposed of.

This form must be approved and returned to the individual/resident before sending the recording to the facility.

The information below is necessary to consider approving your request. By signing this form, you agree to follow the procedures and relay them to your family members. Noncompliance will result in the denial of this request.

_____ _____

Incarcerated Person/Juvenile Resident Printed Name Unit/Complex OID

_____ _____

Incarcerated Person/Juvenile Resident Signature Date

Brief explanation of family member relationship and description of the service that will be recorded:

_____

_____

_____

_____

Name/address/phone number of person sending the video:

_____

_____

_____

Approved/Disapproved: _____ _____

Chaplain/Spiritual Care Coordinator Date

_____ _____

Printed Name Title

CC: Mailroom, IT, spiritual care services/spiritual care coordinator, incarcerated person/juvenile resident