

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

**Request for Clergy Form**

You have the right to practice the religion of your choice while in Division care. This right may only be limited in order to maintain facility order and security, to ensure programming is not disrupted, and to allow for each resident to participate in their required treatment.

You may also request to be contacted by clergy while you are in care. Clergy is considered a religious leader such as your Pastor, Priest, Bishop, Rabbi or Minister. A request to see clergy may be made by checking the "Request to see Clergy" box located below.

The Division provides religious services weekly. You may choose to attend a regularly scheduled service. If your particular religious service is not provided, you have the right to request that clergy from your religion be allowed to conduct weekly religious services.

You may also request that your clergy be notified upon your release from the facility by checking the "Clergy Notification of my Release" box located below. Facility staff will then make contact with your clergy.

You may change your mind at any time about any of the options you selected below by requesting a new form.

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 make contact with clergy 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. If I am under 18 years of age, I understand that my legal guardian must also give permission.**

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: \_\_\_\_\_