INSTITUTION ADDRESS

Florence McClure Women’s Correctional Center
4370 Smiley Road
Las Vegas, Nevada 89115

(702) 668-7200

DIRECTIONS TO THE INSTITUTION

If coming into Vegas from I-15, take the Lamb Avenue exit. Go right and Smiley Road will be the 1st left on Lamb. Take the 1st left onto to the institutions driveway (approximately ¼ of a mile from Lamb Avenue).
INTRODUCTION

The purpose of this handbook is to inform you of general information, institutional rules and regulations, programs and services available to you.

This book will help you understand what to expect and what is expected of you while in custody. It is impossible to cover every situation and occasionally changes are necessary. Any policy or rule change which may effect you, will be posted on the bulletin board of your assigned living area and retained in the Institutional Procedures (IP), located in the Law Library.

If you have any questions concerning any matter, you may ask a staff member in your assigned housing area or send a “KITE” to the appropriate staff member, including the Warden.

INSTITUTIONAL INFORMATION

Inmate’s Responsibility

It is your responsibility to know the rules, regulations and procedures of this institution as well as other directives, policies and information published and circulated to the General Population, and to abide by them. By knowing the rules and expectations, you can ensure your time here will be positive and you can benefit from participating in the programs and services available to you.

A copy of the Nevada Department of Corrections “Inmate Disciplinary Process” is provided to you during intake.

It is your responsibility to read and understand the disciplinary procedures. You are responsible for this handbook and will be required to pay for the booklet if it is lost, stolen or destroyed.

This booklet gives notice of unacceptable behavior so that involvement in misconduct can be prevented.

Management Teams

FMWCC is organized into a Unit Management system. Each unit is staffed by a Unit Team, directly responsible for the persons living in each unit. There is a Unit Officer(s), Caseworker, and Co-Managers.

To request a meeting with the Management Team, you should submit a kite to the Unit Officer requesting a meeting and stating the purpose of the meeting – the concern/issue/personal request. Also state if it is a routine request or if it is a request that requires immediate attention. After a meeting has been scheduled, you will be informed of the time and place.

The chain of command is used to address immediate issue as they arise. The current chain of command is as follows. Unit Officer, Unit Caseworker, Shift Supervisor, Associate Warden, and the Warden.

Contraband

As defined in AR 711, contraband is:

Any item or article not authorized by department regulations, or in excess of the maximum quantity permitted, or which is received or obtained from an unauthorized source.

Any item or article of property that poses a threat to the security of the institution and ordinarily never approved for possession of admission into the institution, and any item or article which may be or has been authorized for possession at one time, but is now prohibited due to health, fire or safety concerns.
Any authorized property that has been altered.

"Contraband" may result in disciplinary sanctions as well as confiscation of the property. Confiscated items will be donated, destroyed, or mailed out, within ten (10), days at your expense. It is your responsibility to provide addresses for mailing these items before the expiration of the 10 day period.

**Emergencies/Evacuations**

If a fire or other emergency in the living area should occur, notify the Correctional Officer assigned to your housing area immediately. Follow the Officer's instructions quickly and calmly.

There may be quarterly fire evacuations and drills. You are to do as instructed during an emergency/drill to ensure that safety of everyone. Fire evacuation routes are posted in the living areas. Take the time to read and study the procedures.

No combustible materials will be stored in the housing unit. Piles of trash or other debris, combustible material, items hanging from fixtures or receptacles or other hazards, can not and will not be tolerated.

**Grievances**

Inmates may not grieve policies and procedures, only the application thereof. A grievance form may be obtained from the Unit Control Center at any time. You have ten (10) days from the alleged incident to file a formal grievance. You will have six (6), calendar months for personal property damages or loss, personal injury, medical claims, or any other claims.

Grievances must be submitted to the Grievance Coordinator. You will receive a response to your grievance twenty-five (25) calendar days after the date of receipt. You have five (5) calendar days to appeal the response to the next level. Please keep in mind, that before you filing a formal grievance, every effort should be made to resolve the issue informally. You must specify how and when this effort was made.

**Smoking/Tobacco Products**

Smoking or possessing tobacco products is strictly prohibited on state property. Failure to comply with this rule will result in disciplinary actions. ALL NDOC FACILITIES HAVE BEEN SMOKE FREE EFFECTIVE JULY 1, 2009.

**Security/Procedures – Counts**

Counts are taken in each POD daily. All inmates in the POD are required to report for counts at the posted times. Counts are the most important events in the institution. If you are not in your cell or on your bunk for dorms and multiple man housing cells at count time, make sure you notify your work area supervisor to place you on “out-count.” It is your responsibility to be in your cell at count time. An inmate being out of place during count will not be tolerated.

Scheduled count times are as follows:

1:00 am  3:00 am  5:15 am  11:15 am  3:30 pm  8:15 pm  11:00 pm

The 8:15 pm count is a health and wellness ‘standing’ count. You must stand by your bunk unless you have a medical excuse or you are on an authorized “out-count” area.
ORIENTATION INFORMATION

Intake

You will be assigned to a restricted area during the Intake period. You will receive a medical evaluation, attend orientation and be interviewed by various staff members during this period.

Upon arrival into the facility, information pertaining to your history, which is received from the courts, Parole and Probation, and other official agencies, as well as information you provide during the intake process, will be utilized to assign you to the appropriate classification category (Maximum, Close, Medium, or Minimum Custody).

- Maximum, Close, and Medium Custody will remain at FMWCC.
- Minimum Custody will be re-classified to Jean Conservation Camp (JCC) or Casa Grande Transitional Housing (CGTH).

Classification

During your initial classification, you will have the opportunity to discuss your plans with the Management Team. The Management Team will recommend your custody assignments as well as classify you into institutional programs, such as education, placement into the Therapeutic Community (STARS), and mental health classes. Work assignments are selected by a Full Classification Committee (FCC).

Work Assignment

At FMWCC, you are required to work or program during your incarceration. If you do not work or program, you will not receive your monthly Work Good Time (WGT), credits. These credits amount to ten (10) credits per month if you are medium custody, or twenty (20) credits per month if you are minimum custody. If you work or program on a part-time basis your credits are prorated.

Work assignments are by application only. Open work positions are posted on bulletin boards by the caseworker’s office and applications can be obtained from the unit officers or caseworker. Working within the institution is a ‘Privilege’, not a ‘Right.’ Only your Management Team can assign you to, or move you from the work detail. You must be at your work assignment on the day and times designated by your work supervisor. If you do not appear as required, you may receive a ‘write-up’ or disciplinary report.

***You must have a GED or High School Diploma to obtain work.

You can change jobs by receiving permission from your current supervisor and have the proposed supervisor agree to accept you on the new job. However, you must go through the application process and FCC before you can start in your new position.

There is no overtime pay. Normally, work hours vary from 1-7 hours per day depending on the job (this does not include Prison Industries).

If you quit, or are fired from your job, you will not be eligible for another position for sixty (60) days. You may also receive a Notice of Charges for quitting or getting fired from your position for disciplinary reasons.

Social Security Cards and Birth Certificates

If you arrive at the institution with your original Birth Certificate or Social Security Card it will be documented and placed in your institutional file and given back to you upon your release. You may request original documents or have original birth certificates sent to the institution addressed to the following individual:

FMWCC
ATTN: Re-Entry Ms. T. Burton
4370 Smiley Road
Las Vegas, Nevada 89115

***Only ORIGINAL Birth Certificates will be accepted from family members. Social Security Cards will have to be sent in by the Social Security office.
Parole / Revocation Board

The Parole Board convenes monthly via video conference. Prior to Parole Hearings, you will be notified of your eligibility by your caseworker and given the opportunity to gather all the information you need to present to the Board.

Revocation Board is conducted every monthly. Probation Violators will notified of the date and time as soon as the information is forwarded from P&P.

Inmate Accounts

Receiving Funds – You may receive funds in the form of Money Orders accompanied by a Money Coupon, (takes approximately 7-10 days to post). These forms can be obtained from the unit officers. Both must be made out to you and include your NDOC# on them and sent to the address listed on the coupon.

***Review pages 14 & 15 for Inmate Deposit Coupon, Mailing Address and JPay Information.

Brass Slips – This form gives you access to your personal money. A Brass Slip is used like a check. In the event you need to send money to your family or any other outside source, submit the Brass Slip, along with a stamped addressed envelope to your caseworker. It will be sent to the NDOC office in Carson City, NV and a check will be cut.

***Review page 15 for preview of Brass Slip.

Inquiries – All accounts inquires are to be made through your caseworker to Carson City. You must complete a DOC 544 with your caseworker, the both of you sign it, and it is forwarded to inmate services for response.

When you leave FMWCC, your funds will either accompany you or be forwarded to you.

Identification Badges

If you damage or lose your ID, you are required to purchase another ID for $5.00. If you misplace your initial badge, had another one made, and found the 1st badge, your $5.00 will NOT be returned. You will be required to turn in your old ID badge as you are authorized to have only one (1) badge.

INSTITUTIONAL RULES

General Rules/Prohibited Conduct

In accordance with PREA standards inmates shall shower, perform bodily functions, and change clothes without the intrusion of members of the opposite sex except in exigent circumstances or when such viewing is incidental to routine cell checks or being under the care of medical practitioner.

Male staff members shall verbally announce, or cause to be announced, their presence when entering the housing units.

Convenient bed moves are NOT authorized.

DO NOT touch the UNIT CONTROL DOORS at any time. The red lines surrounding these doors caution inmate’s NOT TO CROSS.

Gambling of any form is not allowed.

U.S. currency is not allowed in the facility. If found in your possession, it will result in disciplinary action. This is to include checks and money orders.

Horseplay is NOT allowed at any time. This includes, but not limited to, physical contact, grabbing, showing, shadow boxing, chasing another person, or wrestling.

Daily inspections will be conducted by staff in your living and POD area.
Movement in all areas will be conducted quietly and in an orderly manner. Loitering, loud talking, hugging, kissing, or holding hands in the institution are prohibited.

Inmate will NOT tamper with, engage or disengage any of the institutional systems. This includes, but not limited to, fire alarms, heating/cooling, plumbing, or any electrical system.

Any destruction of state property will result in disciplinary charges. If you are found guilty, disciplinary sanctions may include reimbursement for damages.

When leaving your cell, ensure all electrical appliances are unplugged or turned off and stored properly.

Nothing is to be passed under closed living area doors.

While in your room, headphones MUST be worn after 10:00 pm for playing the radio or watching television, unless all parties agree. Otherwise, you must comply if your cellmate requests it.

Your radio and TV volumes are to be maintained at a normal tolerance level, (they should not be heard outside the room or by your neighbor through the vent.

Foul or abusive language is not authorized at any time.

Belly-button studs or other devices, such as tongue studs, and eyebrow rings are prohibited.

There is no exercising in the day rooms/open areas of the housing units.

**Dress Code**

Appropriate clothing will be worn at all times. Any garment which does not reveal or outline in detail any sexual part of the anatomy, will be considered appropriate.

Housecoats/robes or pajamas and footwear are to be worn entering and leaving the shower area.

Shirts must be tucked in and pants or shorts will be worn properly. When wearing shorts or pants, sagging is prohibited.

**Living Quarters**

All beds will be made no later than 7:00 am, except on the weekends and holidays when beds will be made no later than 8:00am.

FMWCC has double room and multiple occupancy housing. You are expected to respect common equipment such as telephones, televisions, chairs, tables, recreational games and equipment that is shared. You are expected to treat other people and their property with the same respect.

All property will be stored in your grey tub or fire retardant box with the exception of your TV, radio and fan. Grey tubs will be stored under the bottom bunk to prevent clutter and impeding officer’s searches and inspections.

You are expected to maintain a healthy level of personal hygiene as well as keep your living area in a sanitary uncluttered fashion.

Windows, doors and vents in your cell are not to be blocked with any substances or objects at any time. Nothing will be placed on the heater or light fixtures.

Empty beds or unassigned areas will remain clear of property.

Pictures may be displayed on the bulletin boards in your cells. NO nude or pornographic pictures are permitted for display. Racist symbols or gang related items are prohibited.
Inmate will not partition off living quarters. (ie, your side, my side).

POD to POD visiting is prohibited.

CELL to CELL visiting is prohibited.

You are responsible for the cleanliness of your own living area including walls, floors, windows, beds, toilets, sinks, and any other common areas, at all times.

Trash will be placed in the wastebaskets and the wastebaskets are to be emptied when full.

Used sanitary supplies will be placed in the restroom biohazard containers.

Telephone usage is permitted any time you are not locked down.

You are NOT authorized to loan, sell, alter, trade or give another inmate you personal or issued property.

**Necessity Procedures**

Indigent Supplies/Indigent Program – If you are indigent (penniless) you may receive indigent supplies (stamps and writing materials), toothpaste, soap and shampoo. NDOC will establish a system for distribution of approved clothing, appliances and hygiene products.
TO: ALL INMATES  
DATE: July 26, 2007  
FROM: WARDEN FOSTER  
SUBJECT: NEW PROCESS FOR VISITING APPLICATIONS

Effective January 1, 2007 a new visiting process was implemented. This process will help eliminate the large number of applications that were incomplete or submitted on the wrong form.

Inmates will no longer be able to mail out the DOC 3000 (Inmate Visiting Application Form) Directly. Inmates will submit the DOP-3007 (Inmate’s Application for Visiting Privileges), along with a self addressed, stamped envelope to Visiting, for every person they are requesting an application be sent to (to include minors). Please print legibly on the form. If the information cannot be read, it will be returned for clarification.

If the inmate is indigent status, the DOP-3007 should be submitted with an NSF envelope. Please indicate on the DOP-3007 that you are indigent status. If your name does not appear on the indigent list, your form will be returned to you for a self-addressed, stamped envelope.

***************************************************************************

**F.M.W.C.C. VISITING HOURS**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Population</strong></td>
<td>Friday</td>
<td>10:30 am – 7:00 pm</td>
<td>Effective 6/29/2012</td>
</tr>
<tr>
<td><strong>General Population</strong></td>
<td>Saturday – Sunday</td>
<td>7:30 am – 4:00 pm</td>
<td></td>
</tr>
<tr>
<td><strong>Administrative Segregation Housing</strong></td>
<td>Monday</td>
<td>7:30 am – 11:00 am</td>
<td>BY APPOINTMENT ONLY</td>
</tr>
<tr>
<td><strong>Disciplinary Segregation Housing</strong></td>
<td>Monday</td>
<td>1:00 pm – 4:00 pm</td>
<td>BY APPOINTMENT ONLY</td>
</tr>
<tr>
<td><strong>Protective Custody Housing</strong></td>
<td>Monday</td>
<td>1:00 pm – 4:00 pm</td>
<td>BY APPOINTMENT ONLY</td>
</tr>
<tr>
<td><strong>Visiting is Closed</strong></td>
<td>Tuesday, Wednesday, &amp; Thursday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please answer the following questions regarding your proposed visitor.

NAME: ___________________________ (First) ___________________________ (Middle) ___________________________ (Last)

ADDRESS: ___________________________ (Street) ___________________________ (City) ___________________________ (State & Zip)

1. This is my (mother, father, wife/husband, friend, attorney): ___________________________

2. I have known this person for (length of time): ___________________________

3. This person is (single, married, separated, divorced, widowed): ___________________________

4. This person has been arrested? (yes or no): _ __ If yes, state reason: ___________________________

5. Is this person on probation, parole or in jail? (yes or now): ___________________________

6. If this is so, state which: ___________________________ Where: ___________________________

I HERBY MAKE THIS APPLICATION FOR VISITING PRIVILEGES WITH THE PERSON NAMED ABOVE, UNDER THE CONDITIONS PRESCRIBED BY THE RULES OF THIS INSTITUTION. I CERTIFY THAT THE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Sign names in full: ___________________________ DOC# __________ Date __________

DO NOT WRITE BELOW THIS LINE

APPROVED:

SIGNATURE: ___________________________ DATE: ___________________________ (Tentative Approval)

SIGNATURE: ___________________________ DATE: ___________________________ (Final Approval)

DENIED: __________ REASON FOR DENIAL: ___________________________

SIGNATURE: ___________________________ DATE: ___________________________

QUESTIONNAIRE: ___________________________ DATE RETURNED: ___________________________

POSTED ON VISITING CARD: ___________________________ DATE POSTED: ___________________________

DOC 3007 (REV 10/10)
NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR CORRESPONDENCE PRIVILEGES BETWEEN INCARCERATED PERSONS

I. INSTRUCTIONS (send this request to the Warden's Office through your caseworker):
This form is to be used when incarcerated persons request permission to correspond by mail. Final approval requires the written consent of the supervising authority/Warden at both the sending and receiving institutions. If the request is denied at the point of origin no further action is required, except to forward the original form to the I-file, a copy to the mailroom officer and a copy to the inmate who originated the request. If the request is approved, retain a copy in suspense (Warden's Office) and route the original to the other Warden. After the other Warden has taken action on the request, a copy should be retained by the receiving institution and the original returned to the sending institution. Both inmate correspondents should receive a copy of the final action.

II. INMATE REQUESTING PERMISSION:

<table>
<thead>
<tr>
<th>Last Name: ___________________________</th>
<th>First Name: ___________________________</th>
<th>M.I.: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDCC ID#: ___________________________</td>
<td>Institution: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: ___________________________</td>
<td>(Street, P.O. Box, City, State, Zip Code, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

III. WITH WHOM DO YOU WISH TO CORRESPOND?

<table>
<thead>
<tr>
<th>Last Name: ___________________________</th>
<th>First Name: ___________________________</th>
<th>M.I.: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate ID#: ___________________________</td>
<td>Institution: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: ___________________________</td>
<td>(Street, P.O. Box, City, State, Zip Code, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Relationship:

IV. APPROVAL/DISAPPROVAL:

**** This relationship (has been verified ☐) (has not been verified ☐) with inmate's institutional file.

No information regarding family is available in inmate's institutional file ☐

Verified by: ___________________________ Date: ___________________________

Recommendation: ☐ Approval ☐ Disapproval: ___________________________ (Name and Title)

Actions:

☐ Approval ☐ Disapproval: ___________________________ (Warden/originating institution)

☐ Approval ☐ Disapproval: ___________________________ (Warden/other institution)

Comments:

V. REASON FOR DENIAL:

☐ Not immediate family member (mother, father, brother, sister, son, daughter, etc.).

☐ Unable to verify relationship - must reapply and provide documents providing relationship through the Warden's Office.

☐ Common law relations are not recognized.

☐ Legal correspondence authorized for co-defendant or co-plaintiff in currently pending litigation only.

VI. DISTRIBUTION (when completed)

| Original - originating institution - I-file | Copy - other institution - mailroom officer |
| Copy - originating inmate | Copy - other inmate |

Note: Retain copy in suspense file at originating institution until process is completed.

Nevada Does NOT recognize Common Law Marriages - See Reasons for DENIAL.
### Signature Information

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Also print name and ID# at bottom of form where indicated)</td>
<td></td>
</tr>
</tbody>
</table>

### Institutions

<table>
<thead>
<tr>
<th>Medical:</th>
<th>Dental:</th>
<th>Mental Health:</th>
<th>Nursing:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date Submitted

<table>
<thead>
<tr>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Unit/House

<table>
<thead>
<tr>
<th>Unit/House:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Reason for Request

(Describe below)

### DO NOT WRITE IN AREA BELOW

### Response to Request

- [ ] Appointment Schedule for: ______/______/______ Rescheduled for: ______/______/______
- [ ] No visit necessary
- [ ] No Show for Appointment
- [ ] Refused to be seen. DOC 2523-Release of Liability signed.

### Prescriptions

- [ ] KOP
- [ ] NON-KOP
- [ ] Order Date: ______/______/______

### Plan

- [ ] Follow-up appointment ______/______/______
- [ ] No follow-up required
- [ ] Return if needed

### Signature/Title of Provider

<table>
<thead>
<tr>
<th>Signature/Title of Provider</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nevada Department of Corrections

MEDICAL KITE and/or
SERVICE REPORT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ID# ____________________________**

DOC 2500 (09/11)

***USED FOR MEDICAL ISSUES AND CORRESPONDANCE***
INMATE REQUEST FORM

1. INMATE NAME

2. HOUSING UNIT

3. DATE

4. REQUEST FORM TO: (CHECK BOX)
   ___ CASEWORKER
   ___ MEDICAL
   ___ MENTAL HEALTH
   ___ EDUCATION
   ___ VISITING
   ___ LAW LIBRARY
   ___ LAUNDRY
   ___ PROPERTY ROOM
   ___ SHIFT COMMAND
   ___ CANTEEN
   ___ DENTAL
   ___ OTHER: ____________________________

5. NAME OF INDIVIDUAL CONTACT: ________________________________

6. REQUEST: (PRINT)

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

7. INMATE SIGNATURE: ______________________________________ DOC#: ________

8. RECEIVING STAFF SIGNATURE: __________________ DATE ______

9. RESPONSE TO INMATE

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

10. RESPONDING STAFF SIGNATURE: __________________ DATE: __________

   ***USED TO CORRESPOND WITH STAFF MEMBERS FROM DIFFERENT SECTIONS***

DOC - 3012
Send Money to Inmates Fast and Easy

Use a credit/debit card to send money to an Inmate's Trust Fund Account online at JPay.com or over the phone at 1 (800) 574-5729. The Inmate's account will be credited within 4 days from date of transaction, not including weekends and banking holidays.

Sending money to an inmate's trust account via JPay

Credit or Debit Card Money Transfers

- You can send money by using your credit or debit card 24 hours a day online or by calling JPay toll free and speaking to a live Customer Service Agent.
- A small fee is applied by Jpay to each deposit.
- To send money over the phone, call JPay at 1-800-574-5729.

Cash Money Transfers

- You can also send Cash by using Ace Cash Express or MoneyGram.

ACE Cash Express

- Visit your nearest Ace Cash Express Store. No forms are necessary.
- To send a payment through Ace Cash Express:
  - Make a Bill Payment to: JPay/NV
  - Bring the correct Inmate ID number
  - Your Fee: $5.00

MoneyGram Transfer to Nevada

- Visit any MoneyGram location nationwide.
- MoneyGram is also conveniently located inside every Wal-Mart and Albertsons.
- To send a payment through MoneyGram you must:
  - Use a MoneyGram Express Payment Form
  - Receive Code: 3208
  - Account Number: Inmate ID, Inmate Last Name (ex. 12345, Smith)
  - Message: Inmate ID, Inmate Last Name, Location (ex. 12345, Smith, NDOC)
  - Fee: $6.95

How to use the JPay service for Electronic Mail

- The Nevada Department of Corrections now offers an additional way to send mail to an inmate.
- You can now send email by visiting www.jpay.com or by clicking the JPay logo above.
- Your emails will be printed in the mail room at your inmate's facility and distributed during regular mail call.
- If you have questions about how to use the JPay Service for Electronic Mail call 1-800-574-5729 (5729).
# Inmate Deposit Coupon

**OFFENDER DEPOSIT COUPON**

<table>
<thead>
<tr>
<th>MAIL TO:</th>
<th>FROM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Nevada - NDOC/Inmate Banking Services PO BOX 844483 Los Angeles, CA 90084-4483</td>
<td>SENDER'S NAME:</td>
</tr>
<tr>
<td></td>
<td>ADDRESS:</td>
</tr>
<tr>
<td></td>
<td>CITY, STATE ZIP:</td>
</tr>
<tr>
<td></td>
<td>TELEPHONE NUMBER:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFENDER INFO:</th>
<th>PAYMENT INFO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>LAST FOUR DIGITS OF</td>
</tr>
<tr>
<td>NUMBER:</td>
<td>CASHIER CHECK</td>
</tr>
<tr>
<td>INSTITUTION:</td>
<td>OR MONEY ORDER:</td>
</tr>
<tr>
<td></td>
<td>NON NEGOTIABLE</td>
</tr>
<tr>
<td></td>
<td>AMOUNT REMITTED:</td>
</tr>
</tbody>
</table>

Revised 03/18/2013

**SEND CHECK/MONEY ORDER TO BE DEPOSITED INTO INMATE ACCOUNT**

---

## Brass Slip

**STATE OF NEVADA**

**DEPARTMENT OF CORRECTIONS**

**INMATE ACCOUNT TRANSACTION REQUEST**

Date: ___________  No 1902340

To: Inmate services

I hereby authorize my account to be charged in the amount

Of $ ______________ (_____________________________ Dollars).

Signature: __________________________________________

Print name: _________________________________________

ID No: ______________ Institution: ___________________

Approved by: ________________________________

<table>
<thead>
<tr>
<th>Transfer</th>
<th>Purchase Order</th>
<th>Postage</th>
<th>Other</th>
</tr>
</thead>
</table>

**SEND MONEY FROM INMATE ACCOUNT TO OUTSIDE PARTY**
COMMUNITY FACILITATED PROGRAMS

The Parenting Project: This program consists of 3 different classes – Nurturing Parents of Children 0-4 years of age; The ABC's of Parenting for Children 5-12/ and Parenteen Solutions for Teenagers. You must complete all 3 courses in order to receive 15 meritorious credits.

SOAR – Survivors of Abuse and Rape: This is a rape crisis class that you can earn 15 meritorious credits for completing.

Smoking Cessation: This group is for inmates who are trying to quit or cut back on cigarette smoking. It is strictly voluntary and not worth merit credits.

Storybook: This program provides inmate with children the opportunity to make a recoding while reading a children's book. A copy of the recording and the book is then sent to each of the inmate’s minor children.

CSN: Community College of Nevada offers class during the evening at FMWCC for both Fall and Spring semesters. You may enroll in CSN classes to earn an AA, and/or AGA. You must have a high school diploma or GED to enroll. Please be advised that you may receive a write-up for enrolling and not having the funds to pay for the courses.

**Financial aide is available.

THE FOLLOWING PROGRAMS ARE OFFERED BY OUR MENTAL HEALTH STAFF

- COMMITMENT TO CHANGE
- ANGER MANAGEMENT
- VICTIM AWARENESS
- SOS HELP FOR EMOTIONS
- SURVIVING DOMESTIC VIOLENCE
- ADDICTION PREVENTION EDUCATION

PLEASE DO NOT SEND KITES FOR THESE PROGRAMS:

MENTAL HEALTH ASSESSMENTS WILL DICTATE WHICH CLASSES YOU WILL BE ENROLLED IN. YOU WILL BE NOTIFIED WHICH CLASSES YOU WILL BE NOTIFIED WHEN THE CLASS WILL BEGIN.

NEW BEGINNINGS: PARTICIPANTS IN THIS GROUP ARE SELECTED BASED ON RELEASE DATES. FLYERS WILL BE POSTED WHEN A START DATE HAS BEEN SCHEDULED. IF YOU MEET THE CRITERIA, YOU CAN SUBMIT A KITE TO ROOM D114. YOU MUST WRITE YOUR RELEASE DATE ON THE KITE.

GRIEF PROCESS: THIS GROUP MEETS EVERY WEDNESDAY FROM 12:30-2:30 IN ROOM E116. KITES ARE NOT NEEDED FOR PARTICIPATION. NO MERITORIOUS CREDITS WILL BE GIVEN.

RE-ENTRY PROCESS GROUP: PLEASE SUBMIT A KITE TO ROOM E105 IF YOU ARE INTERESTED IN THIS GROUP. THIS IS NOT WORTH MERITORIOUS CREDIT.

Providing the key to a better tomorrow through skills learned today
HOW TO SIGN UP FOR PROGRAMS

Inmates wishing to participate in groups will be assigned by Mental Health staff accordingly. Groups worth merit credits are closed groups which mean that once they have begun, you can not attend unless you were attending the same group at another facility. Non-merit credit groups are open groups and inmate may be added at any time with facilitator approval.

ABOUT THE GROUPS

Program staff offers a variety of groups to meet the changing needs of the inmates. Inmates are periodically surveyed to find out additional needs or interests. Many groups are recommended either by Classification or the Parole Board or a Caseworker or a combination of the above.

MERITORIOUS CREDIT GROUPS

Groups worth meritorious credits are typically 12 weeks long and meet for 2 hours per week. There are some exceptions to this. Attendance is required at all meritorious credit groups. All homework assignments must be completed and turned in to the facilitator to receive the credits.

“It's never too late to be what you might have been”
-George Elliot

NON-MERITORIOUS CREDIT GROUPS

Non-meritorious credit groups are for inmates who want to improve themselves above and beyond the traditional programming. They cover very specific topics such as grief, problem solving, and goal setting. These groups meet for 1 to 2 hours a week and last from 6 to 12 weeks. A certificate of completion indicating the number of hours of participation is awarded at the end of the group.

CORE GROUPS

Core groups are those that are most commonly recommended for inmate. They are worth meritorious credits. Below is a list of core group offered:

- Anger Management
- Commitment to Change I
- Commitment to Change II
- Commitment to Change III
- Seeking Safety
- SOS for Emotions
- Victim Awareness

ELECTIVE GROUPS

Elective groups may build upon skills learned in core groups. They may also target special population or disorders. Elective groups may or may not be worth meritorious credits. Below is a list of some of the elective groups offered:

- Addiction Prevention Education
- Cage Your Rage for Women
- New Beginning
- Parenting
- Smoking Cessation
- SOAR: Surviving Sexual Assault
- Storybook
- Survivors of Domestic Violence
- Toastmasters/Gavel Club

Read the Bulletin Boards for information regarding these programs.
Responsibility
The grievance process is only as good as those who use it. The filing of frivolous, abusive grievances or requesting a remedy that is unrealistic or unavailable only hinders the resolution or problems.

General Process:

Expectations
➢ Inmates are expected to attempt to resolve a complaint prior to submitting a grievance.
➢ Staff is to take active role in resolving complaints or problems submitted by inmates.
➢ Casework staff will be responsible for facilitating research on grievances at the Informal Level and Level I.

Grievance Process:
The Grievance System consists of one (1) informal and two (2) formal levels:
 o INFORMAL REVIEW LEVEL – Use DOC form 3091. This level is answered by a caseworker unless the Warden must make the decision.
 o FIRST LEVEL GRIEVANCE – Use form 3093. The Warden answers this level.
 o SECOND LEVEL GRIEVANCE – Use form 3094. Central Office Administration answers this level.
 o There is NO fourth level appeal to the Director.

EMERGENCY GRIEVANCES are available in all housing units. Use DOC 1564. An emergency grievance is filed when the grievance issue would pose an immediate threat to the welfare, safety or security of an inmate if processed through the normal channels. Emergency grievances are to be handed to a staff member. They are NOT to be placed in the grievance box.

Use DOC form 3097, GRIEVANT’S STATEMENT CONTINUATION FORM if unable to present details on the grievance form.

Inmate Grievance Procedure AR 707
Nevada Department of Corrections

FREQUENTLY ASKED QUESTIONS

WHY HAVE A GRIEVANCE PROCESS?
To provide an administrative means for the expression of, and prompt and fair resolution of problems or concerns.

WHEN SHOULD A GRIEVANCE BE FILED?
It is required that an inmate attempt to resolve problems and/or concerns in an informal manner prior to filing a grievance. A grievance should only be filed after informal attempts to resolve the problem and/or concern is not successful. When filing a grievance all documentation to support your claims must be submitted at that time. In addition, specific information such as dates, times, names, etc must be provided when applicable.

WHAT TYPE OF REMEDIES ARE AVAILABLE?
All grievances submitted must include a remedy. A wide variety of remedies are available to resolve problems/concerns. If the remedy includes a request for money then additional form must be completed and submitted with the grievance.

➢ DOC form 3026, INMATE PROPERTY CLAIM FORM for property loss and/or damage.
➢ DOC form 3095 ADMINISTRATIVE CLAIM FORM for all personal injury or civil rights claims.

FORMS

All forms are available from unit casework staff and the institutional law library. There are specifically marked lock boxes in the institution where inmates must place their grievance. Other than emergency grievances, no grievance will be given directly to staff.

DOC-1656 EMERGENCY GRIEVANCE FORM
DOC-3026 INMATE PERSONAL PROPERTY CLAIM FORM
DOC-3090 EXTENTION OF TIME REQUEST
DOC-3091 INFORMAL GRIEVANCE FORM
DOC-3093 FIRST LEVEL GRIEVANCE FORM
DOC-3094 SECOND LEVEL GRIEVANCE FORM
DOC-3095 ADMINISTRATIVE CLAIM FORM
DOC-3097 GRIEVANT’S STATEMENT CONTINUATION FORM

Time Frames:
Six (6) calendar months from incident for issues of personal property damage or loss, personal injury, medical claims, civil rights claims, or any other tort claim.

Ten (10) calendar days from incident for other issues of confinement including disciplinary appeals, classification, food, and mail censorship.

Failure to submit grievances within these time frames will be considered abandonment (untimely) and will not be answered.
RESTORATION OF CIVIL RIGHTS

The 2003 Nevada Legislature voted to automatically restore civil rights to first-time, non-violent offenders upon expiration of their sentence or upon their honorable discharge from parole or probation. There is no cost to apply. NDOC (for prison discharges) or the Division of Parole & Probation (for those who discharge from parole or probation) will provide documentation of the restoration of rights, which can then be taken to the County Voter Registrar or provided to others as proof.

Automatic restoration of civil rights upon discharge does not apply to Category A felons, Category B felons whose crime caused substantial bodily harm, or felons with 2 or more convictions. Those persons may, however, apply to the courts requesting the restoration of their civil rights. There is no cost to apply.

The civil rights which are restored are:

1. Right to register and vote
2. Right to serve as a juror in a civil case
3. If 4 years after discharge, right to run for and hold non-law enforcement and non-judicial elective office
4. If 6 years after discharge, right to serve as juror in a criminal case.

Former Inmates who were already expired as of July 1, 2003 were automatically restored to their civil rights upon the passage of this law on July 1, 2003. Records older than one year will have to be obtained from State Archives so allow two weeks for response to this request.

To apply to the Nevada Department of Corrections for the documentation of civil rights restoration, print out and fill out Form DOC-2050 (PDF), and email it, fax it, or mail it to:

NDOC Offender Management Division
P. O. Box 7011
Carson City, NV 89702

Fax No: (775) 887-3243
E-mail: pgmiller@doc.nv.gov

All other offenders who qualify will receive documentation of civil rights restoration upon their discharge from prison in Nevada. Those who must serve parole first, must apply to P&P to get their documentation after they honorably discharge from parole.
To: All staff and Inmate

From: Jeffery Patterson, Associate Warden of Operations

Re: Inmate Dress

Date: September 23, 2011

Effective immediately, all inmates will be properly dressed prior to exiting their living area. Living area meal all cell and/or the inmate’s bed area of unit 9.

Properly dressed is as follows:

When entering working areas such as staff offices, culinary, infirmary, property room, warehouse, visiting and education you will be dressed with all required under clothes, blue pants (Denim or Cloth), blue shirt (Button or Smock), and shoes. The shirt will be tucked in at the waist and your ID attached to the upper left area of the shirt with the picture facing out so it can be easily seen. Note: In addition to the clothing listed above while in the visiting room you have the option to wear a blue T-shirt than the button up or smock.

When working in the work locations such as Prison Industries, Culinary, Warehouse, and Education you will be dressed with all required under clothes, blue pants (Denim or Cloth), blue shirt (Button or Smock), and shoes. The shirt will be tucked in at the waist and your ID attached to the upper left area of the shirt with the picture facing out so it can be easily seen. Modifications to this dress requirement may be made by the working supervisor in the area such as T-shirts for Jacob Industries. The modified shirts will still be tucked in.

When on the exercise yard or in the gym, you may wear any of the approved clothing listed above in addition to sweat pants, sweat shirts, and T-shirts that can be white or blue. The T-shirt does not have to be tucked in and the ID card does not have to be attached to the upper left area of the shirt while on the exercise yard or in the gym but, you must have your ID card with you at all times and you must hand it over to staff upon request.

Pajamas and Robes: You may wear your pajamas and robes while in your cell/bed area and to and from the shower only. You will not lounge around the unit in pajamas or robes.

CC: Warden Myles
    AW Gentry
TO: FMWCC INMATES

FROM: FMWCC STAFF

RE: MJ-30 & NRS 212.187

Be advised that engaging in acts of sexually stimulating activities (MJ-30) with other inmates is a violation of NRS 212.187 and is considered a Category "D" Felony. A conviction of this will result in an additional imprisonment of 1-4 years. Inmates who are caught engaging in this behavior WILL be submitted to the Office of the Attorney General for felony prosecution. Additionally, you will be subject to administrative sanctions that can include segregation time, restitution, and loss of statutory good time credits.

NRS212.187 Voluntary sexual conduct between prisoner and another person; penalty.
1. A prisoner who is in lawful custody or confinement, other than in the custody of the Division of Parole and Probation of the Department of Public Safety pursuant to NRS 209.4886 or 209.4888 or residential confinement, and who voluntarily engages in sexual conduct with another person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. A person who voluntarily engages in sexual conduct with a prisoner who is in lawful custody or confinement, other than in the custody of the Division of Parole and Probation of the Department of Public Safety pursuant to NRS 209.4886 or 209.4888 or residential confinement, is guilty of a category D felony and shall be punished as provided in NRS 193.130.

3. As used in this section, "sexual conduct":
   a. Includes acts of masturbation, homosexuality, sexual intercourse or physical contact with another person's clothed or unclothed genitals or pubic area to arouse, appeal to or gratify the sexual desires of a person.
   b. Does not include acts of a person who has custody of a prisoner or an employee of the institution in which the prisoner is confined that are performed to carry out the necessary duties of such a person or employee.
