Form 4202D (10-15)
Reproduce Locally as Needed

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

RELIGIOUS MEAL PLAN COUNSELING

_____ Correctional Facility

To: _____ DIN: _____ Cell Location: _____
Inmate Name

You have been counseled for non-compliance with the religious meal policy for the following reason(s):

_____
_____
_____
_____

You have been advised that the following steps should be taken by you to correct this situation:

_____
_____
_____
_____

Failure to comply may lead to your removal from this meal plan. If you are removed from a religious meal plan you will be required to reapply in accordance with established facility policy.

- ☐ First Violation = counseling
- ☐ Second Violation = counseling
- ☐ Third Violation = Removal, up to 30 days
- ☐ Fourth Violation = Removal, up to 45 days
- ☐ Fifth Violation = Removal, up to 60 days

_____ _____
Inmate Signature, Date Employee Signature & Title, Date

_____ _____
Employee Witness – Signature & Title (If inmate refuses to Sign), Date DSP Signature, Date

CC: Inmate
Guidance File
Chaplain File