|  |
| --- |
| **Kinmen Prison, Agency of Corrections, Ministry of Justice****Appilcation for Home Visiting (Relatives Only)** |
| Number |  | Name |  | Unit |  | Crime |  | SentencePeriod |  |
| Cause | Attach documents |
| □(relative’s relationship/name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**passed away**, and the funeral will be held on \_\_\_\_\_y\_\_\_\_\_m\_\_\_\_\_d. | □Death Certificate□Obituary or relevant document to prove the date and place of the funeral.□Relevant document to prove the relationship between the inmate and the deceased. |
| □(relative’s relationship/name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**suffering from** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and was notified critically ill and life-threatening by the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (medical institution) on\_\_\_\_\_y\_\_\_\_\_m\_\_\_\_\_d. | □Medical certificate prescribed by the medical institution.□The critical illness notice prescribed by the medical institution within the last three days or other documents to prove the critical illness.□Relevant documents to prove the relationship between the inmate and the relatives. |
| □Because (**disaster**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cause (relative’s relationship/name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_major harm. | □Medical certificate prescribed by the medical institution or other documents to prove a major injury.□Documents to prove the relatives suffered from the disasters listed in Article 2 Paragraph 1 of the **Disaster Prevention and Rescue Act**□Relevant documents to prove the relationship between the inmate and the relatives. |
| Destination：□Home □Other：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant：　　　　　　　　　(signature and stamp)　　　　　 y 　　m　　d |

**Note：The cost of transportation or other derivative during the visit will be borne by the inmate or his family.**