

**Kinmen Prison, Agency of Corrections, Ministry of Justice**

Date : \_\_\_\_y \_\_\_\_m \_\_\_\_d Week : \_\_\_\_

**Application for Using Visiting Communication Equipment**

Inmate's name	Number	Unit	Application date and time							
			y	m	d	: - :	y	m	d	: - :
Visitor's name	Relationship	ID or Passport	Tel.	Residential address		Birth date	Profession			

Cause (please **attach** the supporting documents according to the cause below)

- ☐ Relatives : \_\_\_\_\_
- ☐ Lawyer or defender : \_\_\_\_\_
- ☐ None of the above, please check the following reasons :
- ☐ 65 years old or under 12 years old   ☐ Suspected or suffering from an infectious disease   ☐ Suffered from a major injury   ☐ Disability
- ☐ I or property suffered from a disaster   ☐ The family member or closest relative of the inmates dies or is in danger of life
- ☐ Diplomatic and consular personnel of the inmate's country or region, or personnel who can represent inmate's country or region
- ☐ Other major or special circumstances recognized by the agency, \_\_\_\_\_

**Types of Communication Equipment**

(Please fill in the numbers for the priority. Other communication equipment is limited to the type announced by the agency)

- ☐ Phone visit, number : \_\_\_\_\_ ☐ Remote visit, Nearest agency : \_\_\_\_\_
- ☐ Other communication : \_\_\_\_\_

Remarks:

1. The definition of relatives shall be in accordance with the provisions of Articles 2 and 7 of the prison and detention center for the use of communication equipment for visit.
2. Please process the application period and relevant supporting documents in accordance with Article 9 of these Measures.
3. **If there is any questions, please call the number: 082-332-283\*501.**

Submit result	Permission or refuse	Approval visiter	Communication	Date	Time	Notice	Remark
	<input type="checkbox"/> Permission <input type="checkbox"/> Rejection, subject to Article 15 Clause ____ of these Measures.	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Phone visit <input type="checkbox"/> Remote visit <input type="checkbox"/> Other _____	____y__m__d	The ____th period ( ____: ____ to ____: ____)	<input type="checkbox"/> written <input type="checkbox"/> inform <input type="checkbox"/> Other _____	
Undertaker		Duty officer	Section chief		Secretary	Superintendent	
Visit record							
<input type="checkbox"/> Suspension of visit, subject to Article 16 Clause ____ of these Measures. <input type="checkbox"/> Subject to surveillance, video recording, and audio recording in accordance with Article 71 Item 1 of Law of Execution in Prison or Article 62 Item 1 of Detention Act. <input type="checkbox"/> According to Article 71, Item 2 of Law of Execution in Prison or Article 62, Item 2 of Detention Act, if there are facts that are sufficient to impair the order or safety of agency, they shall be heard. <input type="checkbox"/> According to Article 72, Item 1 of Law of Execution in Prison or Article 62, Item 1 of Detention Act, when Inmates visit with Lawyer or defender, they can only be watched but not be heard, recorded. Visit record or other special circumstances :							
Undertaker		Duty officer	Section chief		Secretary	Superintendent	