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| --- | --- |
|  | Kriminalomsorgen  Region sørvest |

**APPLICATION FOR VISITORS PERMIT**

**To be filled in by the applicant, use block letters.**

The undersigned hereby applies for permission to visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is an inmate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ prison in the Prison and Probation Service southwest region.

Visitor's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social security number - 11 digits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone work / mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with prisoner

(family / friend / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned wants the application to also apply to video calls** 

(requires that e-mail address is given).

As an applicant, I am aware that the prison will check my record with the police and that a professional assessment is made by the police authority and prison before any visitation permit is granted.

Visitors under the age of 18 can only come with an adult. If the visit takes place with an adult who is not the guardian, written permission from the guardian or guardian must be submitted. The permit must contain a name, address, telephone number and birth date.

If prisoners do not have the opportunity to receive a visit, cf. legal restrictions, or do not want visits, you will not receive any feedback. The prison has a duty of confidentiality about who is in prison and therefore does not have the opportunity to answer questions about whether the application is being processed. If the application is approved, a response will be received within approximately 14 days.

I have familiarized myself with the rules for visiting prisons.

Place / date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The completed application should be sent to the inmates’ prison:

Agder prison, Åna prison, Stavanger prison, Haugesund prison, Sandeid prison

Address: Kriminalomsorgens dokumentsenter

PO Box 694,

4302 Sandnes

The permit can also be sent by e-mail to: kriminalomsorgens.dokumentsenter@kriminalomsorg.no