



Kriminalomsorgen region sørvest

APPLICATION FOR PERMISSION TO VISIT AN INMATE IN PRISON

PLEASE USE CAPITAL LETTERS

I hereby apply for permission to visit: _____

Who is currently an inmate in _____ prison, Kriminalomsorgen region sørvest.

Name of visitor: _____

Address: _____

Postal code: _____

City/town: _____

Date of birth: _____

Social security number –

11 numbers: ***Only for persons living in Norway:*** _____

Phone mobile/work: _____

E-mail address: _____

Relation to inmate
(family/friend/other): _____

In submitting this application I am aware that the prison will check my criminal records, and that the prison can ask my local police for an assessment regarding my person. This will be done prior to the issuing of a visiting order.

Visitors under the age of 18 must be accompanied by an adult. A written permission from parents/guardian must be submitted if the visit takes place with an adult who is not the parent. This permission should include name, address, phonenumber and date of birth.

If the inmate has legal restrictions preventing him/her from receiving visits, or if he/she does not wish to receive visits, this application will not be answered.

Place/date: _____ Signature: _____

The undersigned person wishes for the application to only apply for video calls, provided an e-mail is stated.

The undersigned person wishes for the application to include a video call, provided an e-mail is stated.

Send the filled out application to: kriminalomsorgens.dokumentcenter@kriminalomsorg.no

(All prisons have the same address)

You can also send the filled out application by post to:

Agder prison, Åna prison, Stavanger prison, Haugesund prison or Sandeid prison
Dokumentcenteret, Postboks 694, 4302 Sandnes