



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: _____

Social security number – 11 numbers: _____

Phone mobile/work: _____

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: _____

Send the filled out application to:

Arendal, Kristiansand, Åna, Stavanger, Haugesund or Sandeid prison
Dokumentsenteret,
Postboks 694
4302 Sandnes

You can also send by e-mail: kriminalomsorgens.dokumentsenter@kriminalomsorg.no
(All prisons have the same address)