



Kriminalomsorgen
Halden Fengsel

VISITOR APPLICATION FORM

Please complete form in BLOCK LETTERS. One person per form.

VISITOR DETAILS

Surname:

First Name:

Date of Birth:

Address:

ZIP:

City:

Country:

Date and applicants signature:

PRISONER DETAILS

Surname:

First Name:

Relation to prisoner:

- Family
 Acquaintances
 Other

If family, please state relationship:

Phone NO:

Proof of good conduct will be obtained from the
Norwegian police, jfr. Strf.gj.l -§27.5 ledd.

Please send the completed
application to the following address:

Halden fengsel
Pb 1094, Sørлие
1787 Halden

I HEREBY APPROVE VISITS FROM APPLICANT (to be completed by prisoner)

I also understand and agree that Kriminalomsorgen by approving visits from the applicant,
will verify that I am incarcerated at Halden Prison.

Place:

Date:

Signature:

Postadresse:
Postboks 694
4305 Sandnes

Besøkadresse:
Justisveien 10
1788 Halden

Telefon: 69 21 46 00
Telefaks: 69 21 49 90
Org.nr: 993 315 060

Mailadr:
postmottak.halden-fengsel@kriminalomsorg.no