法務部矯正署高雄女子監獄 遠距接見申請單 DD / MM /YY: Kaohsiung Women's Prison The Application Day of the week: Form for Video Visitation Name of the ID Number of the Birth Date of the Applicant The Relationship with the **Applicant Applicant** Inmate Telephone No. of the Address of the Applicant: Applicant: Inmate's Number | Unit E-mail Address of the Applicant: Inmate The Institution for Video Visitation Preferred Date & Time Slot: First DD / MM /YY: Second DD / MM /YY: Priority No. of Time Slot: No. of Time Slot: Priority Approved Date & Time Slot DD / MM /YY: Time Slot: Time: Registered on the Internet: Yes No \square Section Case Secretary: Superintendent Chief: Officer: The Record of Conversa tion Section Case Secretary: Superintendent Chief: Officer:

Note:

1. Reception is only available for working days from Monday to Friday.

Time Slot 1: 14:00~14:30 Time Slot 2: 14:30~15:00 Time Slot 3: 15:00~15:30

Time Slot 4: 15:30~16:00 Time Slot 5: 16:00~16:30

- 2. If your preferred time slots has been reserved by other applicants, the institution will arrange other slots instead. The applicant must go to the reception institution for registration by the approved time slot
- 3. The applicant please to fill in the gray columns only; others will be filled by the institution staff for the ongoing approval process and conversation record.
- 4. Kaohsiung Women's Prison Tel: (07)792-0586 Fax: (07)792-3728