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

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

1. 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.
2. 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.
3. Kaohsiung Women’s Prison Tel : (07)792-0586　 Fax: (07)792-3728