|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **This form concerns:** [Please choose checkbox!] |  | | **REQUEST OF TRANSPORTATION/ LEAVE WITH ESCORT**  Please send completed form by email to: [8301transport@kriminalomsorg.no](mailto:8301transport@kriminalomsorg.no) [Push and hold the Ctrl-button and click at the address.] | | | | |
|  |  | | **REQUEST OF PRISONCELL (remand in custody)**  Please send completed form by email to the Judicial Coordinator at the relevant region: [Push Ctrl and click the region.] (Region North, East and West have their own routines.) | | | | |
|  | | [SOUTH](mailto:8300.booking@kriminalomsorg.no) | | [SOUTH-WEST](mailto:8400.booking@kriminalomsorg.no) | [EAST](mailto:https://www.kriminalomsorgen.no/regionskontor.242493.no.html?subject=OBS!%20Bestilling%20av%20fengselsplass) | [WEST](mailto:https://www.kriminalomsorgen.no/regionskontor.242493.no.html?subject=OBS!%20Bestilling%20av%20fengselsplass) | [NORTH](mailto:https://www.kriminalomsorgen.no/regionskontor.242493.no.html?subject=OBS!%20Bestilling%20av%20fengselsplass) |
|  | *- Please fill in the grey fields as carefully as possible [click at the field and fill in text].*  *- The requester must fill in all fields marked with an asterisk and must tick the appropriate check-  boxes in the form to insure the request to be processed. Incomplete forms may be returned.* | | | | | | |

**Information about the assignment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | \* | | | |
| Birth No.: | \* | Male:  Female: | Nationality if not Norwegian: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of assignment: | \* | | Date (ddmmyy): \* | |
| Transportation from: | \* | | | |
| Transportation to: | \* | | | |
| Attendance time: | \* | Start-up time (e.g. appointments/court-hearings): | | \* |

**Information about the criminal case:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Inmate convicted: | Convicted of §§ | \* | Length: | \* | End of term | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Inmate in custody: | Accused of §§ | \* | Supplementary text: |

|  |  |
| --- | --- |
| Police district: | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Case No./ Archive Ref.: | Name Archive: |  | Case/ File No.: |  |

|  |  |
| --- | --- |
| Prosecutor: | \* |
| Defender: | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Must be answered if | Place of apprehension: | (\*) | | |
| prisoncell is requested: | Date of appr. (DD.MM.YYYY): | (\*) | Time of apprehension: | (\*) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Given restrictions:** | None |  | Letter/visit Control |  | No letter/ visits |  | No media access |  |
| **Isolation demands:** | None |  | Partially (comment) |  | Full/ complete |  | Comments: | |

**Information about other accused/ convicted in the same criminal case:**

|  |  |
| --- | --- |
| Names of co-accused/other inmates (multiple names on each line are possible): | Company approved: |
|  | Yes  No |
|  | Yes  No |

**Other information relevant to the risk assessment:**

E.g. history of violence, psychiatry, undesirable incidents during custody / imprisonment / assignments, escape risk, risk of attack and other

matters of significance to the risk assessment of this assignment. If the requesterdo not possess the necessary information after searching  
the registers in his/her own unit, the field is answered with "Unknown".

|  |
| --- |
| **\*(Must be answered)** |
| **Condition in police-custody:** (This section is only to be answered if inmates are transported from a police arrest. Give relevant information from the arrest record on intoxication, behaviour, physical/ mental health, assessments of suicide risk, need for medicines, etc.)(\*) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transportation/ escort/ prisoncell requested by (name): | | \* | | |
| Requester may be reached at telephone: | \* | | Date: | \* |