



INMATE

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|----------------|-------|
| INMATE NUMBER: | NAME: |
|----------------|-------|

SØKNADEN GJELDER / TYPE OF VISIT

| | |
|---|--|
| VISIT IN PRISON <input type="checkbox"/> YES <input type="checkbox"/> NO | VIDEO VISITATION <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

VISITOR

| |
|--|
| NAME: |
| ADRESS: |
| SOCIAL SECURITY NUMBER (Only norwegian social security number required) |
| RELATION |
| E-MAIL ADRESS: |
| PHONE NUMBER: |
| IS THE PERSON UNDER THE AGE OF 18 YEARS OLD: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THE INMATE IS NOT A RELATIVE, DO YOU HAVE SPECIAL REASONS FOR KEEPING IN CONTACT WITH THIS PERSON? |
| DO YOU HAVE SPECIAL REASONS FOR EXTENDED USE OF TIME WITH THIS INMATE? |



Application for visit / video visit

The above mentioned information will be used by the prison to check the visitor against the national register of convictions. Persons that are serving a prison sentence, or have been convicted, fined or arrested on the basis of criminal offences in recent times, can be refused access to the prison.

Those who are not approved as visitors will receive a letter of rejection, containing information about the right to appeal.

I am aware of the fact that I as a visitor in Vik prison am obliged to familiarize myself with the guidelines that apply to the visitors in the prison, and to follow instructions given by the prison staff.

Date: _____

Signature: _____

Send completed form by mail to:

Vik fængsel
Postboks 163
6893 Vik i Sogn
(Norway)

Or by e-mail to:

vik.fengsel@kriminalomsorg.no