



Kriminalomsorgen
Østfold Friomsorgskontor og Ravneberget fengsel

CHECK FORM REGARDING VISITS TO INMATES

VISITORS' PERSONALITY:

(Filled in by the applicant in block letters)

Lastname:		Firstname:	
Date of birth:			
Address:			
Postal code:		City:	
E-mail address:		Phone:	

Visitors' behavior will be examined, cf. Straffegjennomføringslovens § 27 5.ledd.

I WANT TO VISIT:

(To be filled in by the applicant)

Lastname:		Firstname:	
-----------	--	------------	--

Family : Acquaintances: Cohabitant:

Family relationship	
---------------------	--

SIGNATURE OF APPLICANT: _____ **DATO:** _____

I WISH TO BE VISITED BY THE PERSON NAMED ABOVE:

(SIGNATURE FROM INMATE)

SIGN. _____

POLICE'S STATEMENT:

(To be filled in by official)

Besøkende er:

Approved: Approved with glass wall: Not Approved: Approved for video call:

RAVNEBERGET PRISON ON ____ / ____ - 20

CHECK OF (SIGN.): _____

Return address: Østfold friomsorgskontor og Ravneberget fengsel
Postboks 694
4302 SANDNES