

申請書 Application Form

茲申請貴機關收容人(編號/姓名)_____

因其(親屬關係/姓名)_____罹患_____等病症，

於____年____月____日經_____醫院通知病危，具有生命危

險，懇請貴機關准予同意返家探視。

此致

法務部矯正署臺南看守所

Since _____ is held in Tainan Detention Center now, but
(Inmate/defendant No.&name)
his/her _____ is in critical illness _____ and dying, the
(Name/their relationship) (Diseases type)
notification of critical illness has been made by _____ hospital
when _____.
(YYYY/MM/DD)

Please give approval for this application to let him/her hasten home to visit his/her relative who is in life-threatening state.

Submit this Application Form To Tainan Detention Center, Agency of Corrections, Ministry of Justice.

申請人姓名：
(Applicant's name)

(附身分證正、反兩面影本)
(Both side of applicant's ID card copies)

身分證字號：
(Applicant's ID No.)

與收容人關係：
(Relationship between applicant and inmate/defendant)

聯絡電話：
(Applicant's phone)

申請人住址：
(Applicant's address)

探視地點住址：
(Address of home visit)

是否願意負擔交通費：
(Will the applicant afford the cost of home visit?)

蓋章
(stamp)

中華民國(Date of application) _____ 年(Y) _____ 月(M) _____ 日(D)

應備文件確認： 診斷證明書(Certificate of diagnosis)
(Required Documents)

最近 3 日內之病危通知單(Notification of critical illness in 3 days before date of application)

足資證明收容人與病危者關係之文件(Prepare identify documents which can prove the relationship between the people (in life-threatening state) and inmate/defendant (like Household Register or Household Certificate).)