For the use of visit the inmate's family member due to his/her terminally illness

Application Form

| The inmate, | _ (name and number of t | he inmate), is |
|--|--|-----------------------|
| serving his or her sentence in prison. Because his or her | | |
| (relationship with the inmate | and the name) has been | confirmed as |
| terminally ill notified by the h | nospital on | (DD /MM /YY). |
| Therefore, I, on behalf of the | inmate, apply for his or h | ner temporary |
| absence to visit the family member. Please kindly approve my application. | | |
| Write to Taoyuan Detention C | ncy of Corrections, Ministry of Center, Agency of Corrections, Netention House, Agency of Corr | Ministry of Justice. |
| Name of the Applicant: | (Sig | gnature and Seal) |
| (Please attach photocopies of the II | D card's both sides) | |
| ID Card No. of the Applicant: | | |
| Telephone No. of the Applicant: | | |
| The Relationship with the Inmate: | | |
| Residence of the Applicant: | | |
| Address of the Proposed Visit Plac | e: | |
| The Willingness to Pay Transporta | tion for the Inmate: Yes or N | 10 |
| Documents required for the applicati | on include: | |
| □Diagnosis Certificate | | atest previous 3 days |
| □Notice of Terminally Illness received from the hospital within the latest previous 3 days | | |

□Documents which can prove the relationship between the inmate and the patient