

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

Application Form

The inmate, _____ (name and number of the 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 hospital on _____ (DD /MM /YY). Therefore, I, on behalf of the inmate, apply for his or her temporary absence to visit the family member. Please kindly approve my application.

Name of the Applicant: _____ (Signature and Seal)

(Please attach photocopies of the ID 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 Place:

The Willingness to Pay Transportation for the Inmate: Yes or No

Documents required for the application include:

- Diagnosis Certificate
- 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

Guarantee

I, as the guarantor of the inmate _____(name and the inmate number), certify the reason for the inmate's temporary absence is either to attend family's funeral or to visit family member due to his or her terminal illness. I guarantee that the inmate will completely obey all of the related laws and regulations during his or her absence. In case of escapes, I will cooperate with the institution to arrest him/her or to persuade him/her to return to the institution. I, as the guarantor, will take all of the legal responsibilities if deception or fakeness is detected.

Name of the Guarantor:

(Signature and Seal)

(Attached Photocopies of ID Card Front and Back)

ID Card No. of the Guarantor:

Telephone No. of the Guarantor:

The Relationship with the Inmate:

Correspondence Address of the Guarantor:

Date: