



Kriminalomsorgen
Indre Østfold fengsel
Avdeling Eidsberg

APPLICATION FOR VISITS AT INDRE ØSTFOLD PRISON, DEPARTMENT EIDSBERG

First name:

Last name:

Social security number:

Address:

Postal code:

Phone number:

I WANT TO VISIT

First name:

Last name:

Family Acquaintance Other

If family, state your relation: _____

Date:

Signature:

The information above will be used to control the visitor against the criminal records according to The Execution of Sentences Act § 27-5. Applicants, who are convicted felons, fined or arrested for criminal actions can be denied access to the prison.

Visitors under the age of 18 must provide a written permission from next of kin together with this application. Applicants under the age of 15 will not get their own permission, but they are allowed in to visit together with an adult.

Send the completed form to:

Indre Østfold fengsel
Dokumentsentret
Postboks 694
4305 Sandnes