

**Tainan Juvenile Detention House, Agency of Corrections, Ministry of Justice
Visit Application for Special Reason**

Date: (MM/DD,YYYY)

Detainee No.		Name		Unit		Case Summary		Start Date and End Date of Imprisonment	
Applicant Name		Age	Occupation	Relationship	Contact Number	Address			
ID No.									
1									
2									
Concrete Reason for the Visit									
Reference Title		Reference Name		Application Method	<input type="checkbox"/> Through an agent <input type="checkbox"/> By applicant <input type="checkbox"/> As notified by the agency				
Approver		Reason for Approval	<input type="checkbox"/> The detainee's family encountered an accident or other special situation <input type="checkbox"/> The applicant is physically/mentally challenged, ill or handicapped <input type="checkbox"/> The detainee needs translation service dues to language barrier <input type="checkbox"/> The agency requests for the applicant's assistance in educating the detainee Description: _____ <input type="checkbox"/> The chief office of the agency determined that the visit will benefit the detainee by stabilizing his/her physical and mental conditions. Description: _____ _____						
Method	<input type="checkbox"/> Behind glass <input type="checkbox"/> <i>Vis-à-vis</i>								
Visit Time ____hour____minute to ____hour____minute. Is the voice recorder on: <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of conversation:									
Security Personnel			Security Section Chief				Chief Officer		