

The Application Form for Video Visitation

DD / MM /YY:							
Day of the week:							
Name of the Applicant	ID Number of the Applicant	Birth Date of the Applicant	The Relationship with the Inmate				
Address of the Applicant :		Telephone No. of the Applicant :					
Inmate	Inmate's Number	Unit	E-mail Address of the Applicant:				
The Institution for Video Visitation		Preferred Date & Time Slot :					
	First	DD / MM /YY:	Second	DD / MM /YY:			
	Priority	No. of Time Slot:	Priority	No. of Time Slot:			
Approved Date & Time Slot		DD / MM /YY:	Time Slot :	Time: : ~ :			
Registered on the Internet:		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Case Officer:		Section Chief:		Secretary:		Superintendent	
The Record of Conversation							
Case Officer:		Section Chief:		Secretary:		Superintendent	

Note:

1. If your preferred time slots has been reserved by other applicants, the institution will arrange other slots instead. The applicant must go to the reception institution for registration by the approved time slot.
2. The applicant please to fill in the gray columns only; others will be filled by the institution staff for the ongoing approval process and conversation record.