



Kriminalomsorgen  
Halden Fengsel

## VISITOR APPLICATION FORM

Please complete form in BLOCK LETTERS. One person per form.

### VISITOR DETAILS

Surname:

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
ZIP:

\_\_\_\_\_  
City:

\_\_\_\_\_  
Country:

\_\_\_\_\_

### Date and applicants signature:

\_\_\_\_\_

### PRISONER DETAILS

Surname:

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Relation to prisoner:

- Family  
 Acquaintances  
 Other

If family, please state relationship:

\_\_\_\_\_  
Phone NO:

\_\_\_\_\_

Proof of good conduct will be obtained from the  
Norwegian police, jfr. Strf.gj.l -§27.5 ledd.

Please send the completed  
application to the following address:

**Halden fengsel  
Pb 1094, Sørлие  
1787 Halden**

**I HEREBY APPROVE VISITS FROM APPLICANT** (to be completed by prisoner)

I also understand and agree that Kriminalomsorgen by approving visits from the applicant,  
will verify that I am incarcerated at Halden Prison.

Place:

Date:

Signature:

Postadresse:  
Postboks 694  
4305 Sandnes

Besøkadresse:  
Justisveien 10  
1788 Halden

Telefon: 69 21 46 00  
Telefaks: 69 21 49 90  
Org.nr: 993 315 060

Mailadr:  
postmottak.halden-fengsel@kriminalomsorg.no