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| MJAC Keelung Detention Center | MM/DD/YY: |
| Long Distance Reception Application Form | Weekday : |
| Name of Applicant | ID Number of Applicant | Date of Birth of Applicant:  | Relationship with Inmate |
|  |  |  |  |
|  |  |  |  |
| Address of Applicant : | Telephone No. of A |
|  |  |
| Inmate | Code | Unit | E-mail Address of Applicant: |
|  |  |  |  |
| Long-distance Reception Institution | Date & Time Slot to Be Applied : |
|  | First Priority | MM/DD/YY: | Second Priority | MM/DD/YY: |
| No. of Time Slot: | No. of Time Slot: |
| Approved Date & Time Slot | MM/DD/YY: Time Slot : Time: : ~ :  |
| Registered on the Internet: | Yes □ No □ |
| Clerk: | 　 | SectionChief: | 　 | Secretary: | 　 | Superintendent: |  |
| Conver-sation Record |  |
| Clerk: | 　 | SectionChief: | 　 | Secretary: | 　 | Superintendent: |  |

Note:

1. Reception is only available for working days from Monday to Friday. Time Slot 1 : 14:00~14:30 Time Slot 2 : 14:30~15:00 Time Slot 3 : 15:00~15:30 Time Slot 4 : 15:30~16:00 Time Slot 5 : 16:00~16:30

2. The other slot will be arranged if the priority slots were reserved by other applicants. The applicant must go to the reception institution for registration based on the approved time slot.

3.The applicant fills in the gray columns only; others will be filled by the institution for approval process and conversation record.

4. Keelung Detention Center Tel : (02)2465-2391 Fax:(02)2466-0692