Initial registration of visitors and video phone   
partners

**Inmate**

**Family name:**  **First name**:

**Visitor / video phone partner**

Mrs/Ms  Mr

**Family name:**  **First name:**

**Maiden name:**  **Date of birth:**

**Street:**  **Post code/Town:**

**Country:**  **Place of origin:**

**Phone number:**

**Connection / degree of relationship or acquaintance with the inmate**

father  mother  husband/wife

common-law partner  sibling  son / daughter

This form should be filled in by the inmate or private contact and must be made available to JVA Thorberg together with a colour copy of a valid travel document 14 days before the intended visit/ video phone call:

|  |  |
| --- | --- |
| by post:  JVA Thorberg  Name of inmate  Thorbergstrasse 48  CH-3326 Krauchthal | or by e-mail:  [jva.thorberg@be.ch](mailto:jva.thorberg@be.ch)  (scan completed form and/or a colour copy of a valid travel document!) |

**To be filled in by inmate:**

I agree with the initial registration of the above-mentioned visitor:

Yes  No

Date: Signature

*→ Forward form and copy of passport/ ID card to responsible case management*

**To be filled in by case management:**

An initial registration can be carried out

An initial registration cannot be carried out

Reason:

The inmate should be informed by the case management if the private contact cannot be registered.

Date: Signature

*→ Forward to departmental manager Normal/Special Enforcement. Initial registration in the GINAWeb must be carried out by authorised care team staff members.*

**To be confirmed by an authorised member of the care team:**

Initial registration in GINAWeb has been completed.

Date: Signature

*→ Forward to the administration for storing in inmates file.*