

MAURITIUS PRISON SERVICE
Online Application Form For Legal Advisers To Visit A Detainee In Prison

Guidelines to Legal Advisers

1. Legal Advisers shall produce a proof of identity (National Identity Card or Passport) in order to access the premises of any prison.
2. The Mauritius Prison Service (MPS) will make provision for Legal Advisers to have timely appropriate access to their clients.
3. Legal Advisers shall make every effort to schedule visits with their clients at least two (02) days in advance and during the normal scheduled visiting hours at the facility at which their client is detained. Where urgent and essential contact with a client is required, Legal Advisers shall make all reasonable efforts to provide as much notice as possible and the MPS will endeavour to meet the needs of the Legal Advisers.
4. While every effort will be made to facilitate contact between Legal Advisers and their clients, it is acknowledged that, on occasions, operational considerations and the high demand for professional visits may impact on the MPS's ability to provide access on short notice or at the requested time.
5. By prior arrangement, and where operational considerations so allow, the MPS shall facilitate urgent and essential legal appointments on days where visits are not routinely allowed.
6. The Commissioner of Prisons reserves the right of access to Prisons.
7. Legal Advisers shall request the approval of the Officer-in-Charge of the Prison prior to leaving any documents for a detainee, whether legal or otherwise.

1. DETAILS OF LEGAL ADVISER

Name: Mr/Mrs/Miss _____

Profession: _____

N.I.D/Passport No.: _____

Office Address: _____

MobileNo: _____

Phone No: _____ / _____ **E-mail Address:** _____

2. INFORMATION PERTAINING TO VISIT

Name of Detainee: _____ **N.I.D/Passport No:** _____

Status of Detainee(Tick as appropriate): *Convicted* *Remand*

Cause No: _____ **Court:** _____

Case: _____

Details of Persons(If service was retained by person other than detainee)

Service retained by

Name: _____

Relationship with Detainee: _____

N.I.D/Passport No : _____

Address: _____

Phone No.: _____

Visit to be effected at (Institution): _____

Date: _____ **Time:** _____

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3. REQUEST AND DECLARATION

I, _____, have read, understood the Guidelines provided and kindly request you to allow me to have a visit with the above named detainee.

Signature: _____ Date: _____

4. FOR OFFICIAL USE ONLY

I Officer Rank of Officer.....
certify that I have verify the name of the above Legal Adviser with the list of Barristers provided by Master and Registrar of the Supreme Court and also verified the proof of identity and found it to be correct. I have enquired from the detainee about the Legal Adviser and the detainee has confirmed/ not confirmed that the latter is his/her Legal representative.

.....
Signature of Officer**

The visit has been granted/not granted by me

.....
Signature of Authorising Officer**

Name: _____ Rank: _____ Date: ____/____/____.

** not below the rank of an Assistant Superintendent of Prisons

Note: You are hereby requested to submit this form on Fax Number: 4660618 or email a scanned copy on pris@govmu.org