<英語版>

通知單號：

Notice of Right to Petition for Habeas Corpus Relief

提審權利告知書

Time of notice: _____ AM/PM, _____(yyyy) _____(mm) _____(dd)

告知時間 上午/下午 (西元)年 月 日

Mr.

Ms. _____, because you are infected with or suspected of being infected with a notifiable communicable disease, the _____ (competent authority) has undertaken control measures in accordance with the following laws and regulations to protect you and the health of others:

〔 〕先生/小姐，您因罹患法定傳染病或有可能罹患法定傳染病，為保護您及其他人的健康，已由〔 〕(主管機關)依下列法律規定實施防疫措施：

□ Persons with communicable diseases may be placed under isolation care pursuant to Articles 44 and 45 of the Communicable Disease Control Act.
依傳染病防治法第 44 條及第 45 條規定，為法定傳染病病人，需施行隔離治療。

□ Persons who have been in contact with patients affected by communicable diseases or who are suspected of being infected may be detained for case confirmation, or subject to examination, immunization, medication, isolation, or other necessary measures pursuant to Paragraph 1, Article 48 of the Communicable Disease Control Act.
依傳染病防治法第 48 條第 1 項規定，為傳染病病人之接觸者或疑似被傳染者，需施行留驗、檢查、預防接種、投藥、隔離等必要處置。

□ Persons entering or exiting the country (border) may be subject to disease control practices, quarantine measures, isolation, or other necessary measures imposed on them by the competent authority pursuant to Article 58 and Article 59 of the Communicable Disease Control Act.
依傳染病防治法第 58 條及第 59 條規定，為入、出國(境)之人員，主管機關得採行防疫、檢疫、隔離治療等必要處置。

□ Others: Pursuant to Subparagraph _____, Paragraph _____, Article _____ of the Communicable Disease Control Act.

_____

其他：依據傳染病防治法第〔 〕條〔 〕項〔 〕款。

Pursuant to the Habeas Corpus Act, you are hereby informed of the following:
依照提審法之要求，特告知您以下事項：

1. The reason by which the aforementioned control measure is undertaken (possible disease or cause):_____
前揭防疫措施之執行原因（可能罹患之病名或事由）
2. Time of execution: _____AM/PM, _____ (yyyy) _____ (mm) _____ (dd)
執行時間 上午/下午 (西元)年 月 日
3. Place of execution (address or a specific identifiable location):

_____
執行地點(地址或可認定具體地點之記載)
4. You or a relative of yours have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
您或您的親友有權利依照提審法的規定，向地方法院聲請提審。
5. You can provide the name, address or telephone number of your relatives to the officer in charge and the executing agency will make all reasonable efforts to notify your relatives.
您可提供執行人員您親友之姓名、地址或電話，執行機關將盡合理努力通知您的親友。
6. Contact information of officer in charge:
執行人員聯絡方式：

Name and title:_____ Telephone:_____
姓名與職稱 電話號碼

本告知書一式二份；第一聯送交本人或其法定代理人、監護人或保護人　第二聯由通知機關隨執行卷宗存查

Proof of Service of Notice of Right to Petition for Habeas Corpus Relief

提審權利告知書送達證明

I, _____, have received a notice of right to petition for habeas corpus relief from _____ (competent authority)
at _____AM/PM, _____ (yyyy) _____ (mm) _____ (dd).
本人〔　　〕已於〔　　〕上午/下午，〔　　〕(西元)年〔　　〕月〔　　〕日收悉〔　　〕(主管機關) 所提供之提審權利告知書。

I
本人

□ do not request the notification of my relatives.
不請求執行機關通知親友。

□ request the notification of my relatives.
請求執行機關通知以下親友：

First relative
第一位親友
Name :_____
姓名
Address :_____
住址
Telephone :_____
電話

Second relative
第二位親友
Name :_____
姓名
Address :_____
住址
Telephone :_____
電話

Signature : _____
本人簽名

若本人拒絕簽名，執行人員請填以下表格

執行人員_____，已向本人解釋其聲請提審之相關權利，並要求本人於提審權利告知書簽名，但本人拒絕簽名。

執行人員簽名_____

偕同執行人員簽名_____

本告知書一式二份；第一聯送交本人或其法定代理人、監護人或保護人　第二聯由通知機關隨執行卷宗存查

Notice of Right to Petition for Habeas Corpus Relief to Relatives

告知親友提審權利通知書

Because your relative 您的親友 Mr./Ms. 先生/女士 _____ Citizen ID No. (Passport No.): 身分證字號(護照號碼) _____ is infected with or suspected of being infected with a notifiable communicable disease, the _____ (competent authority) has undertaken control measures in accordance with the following laws and regulations:

因罹患法定傳染病或有可能罹患法定傳染病，已由〔　　〕(主管機關)依下列法律規定實施防疫措施：

- □ Persons with communicable diseases may be placed under isolation care pursuant to Articles 44 and 45 of the Communicable Disease Control Act.
  依傳染病防治法第 44 條及第 45 條規定，為法定傳染病病人，需施行隔離治療。
- □ Persons who have been in contact with patients affected by communicable diseases or who are suspected of being infected may be detained for case confirmation, or subject to examination, immunization, medication, isolation, or other necessary measures pursuant to Paragraph 1, Article 48 of the Communicable Disease Control Act.
  依傳染病防治法第 48 條第 1 項規定，為傳染病病人之接觸者或疑似被傳染者，需施行留驗、檢查、預防接種、投藥、隔離等必要處置。
- □ Persons entering or exiting the country (border) may be subject to disease control practices, quarantine measures, isolation, or other necessary measures imposed on them by the competent authority pursuant to Article 58 and Article 59 of the Communicable Disease Control Act.
  依傳染病防治法第 58 條及第 59 條規定，為入、出國(境)之人員，主管機關得採行防疫、檢疫、隔離治療等必要處置。
- □ Others: Pursuant to Subparagraph _____, Paragraph _____, Article _____ of the Communicable Disease Control Act.
  其他：依據傳染病防治法第〔　　〕條〔　　〕項〔　　〕款。

Because your relative requests that you be notified of the rights under the Habeas Corpus Act, you are hereby informed of the following:

由於您的親友指定您為提審法相關權利之受通知者，特此通知您以下事項：

1. The reason by which the aforementioned control measure is undertaken (possible disease or cause):_____
   前揭防疫措施之執行原因（可能罹患之病名或事由）
2. Time of execution: _____AM/PM, _____ (yyyy) _____ (mm) _____ (dd).
   執行時間 上午/下午 (西元)年 月 日
3. Place of execution (address or specific identifiable location):_____
   執行地點（地址或可認定具體地點之記載）
4. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
   您有權利依照提審法的規定，向地方法院聲請提審。
5. Time of notice: _____AM/PM, _____ (yyyy) _____ (mm) _____ (dd).
   通知時間 上午/下午 (西元)年 月 日
6. Method of notice (describe or check one of the fields below：_____
   通知方式(載明或勾選下方欄位)
   - □ Signed for receipt in person。
     現場親自簽收。
   - □ The notice was mailed to the relative by double registered post after notification by phone.
     電話告知後，通知書以雙掛號方式郵寄該親友。
   - □ The notice was mailed to the relative by double registered post after notification by fax or email.
     傳真或電郵告知後，通知書以雙掛號方式郵寄該親友。
7. Contact person of the executing agency:
   執行機關聯絡人：
   Name and title:_____ Telephone:_____
   姓名與職稱 電話號碼

Signature of recipient: _____
被通知人簽名

若該親友拒絕簽名，執行告知人員請填以下表格

執行告知人員_____已向該親友遞送告知親友提審權利通知書，並要求該親友於通知書簽名，但該親友拒絕簽名。

執行告知人員簽名_____ 偕同執行人員簽名_____

本通知書一式二份；第三聯由通知機關隨執行卷宗存查　第四聯送交本人指定之親友