

Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (COVID-19)

2020.04.24

Name (or Legal representative):	Citizen ID No. /Passport No.:
TEL:	Address:

Dear Mr. / Ms. _____ ,

As you are suspected of having COVID-19 after a doctor's assessment, to protect the health and safety of your friends, family members and the public, please undergo isolation in the hospital/institution for treatment during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD), and comply with rules of isolation as below.

1. Please stay in either the isolation room or individual room for treatment as instructed. Do not leave the room arbitrarily.
2. Those who flout the isolation regulations will violate Articles 44, 45 and 67 of the Communicable Disease Control Act, and be fined ranging from NT\$60,000 to NT\$300,000.
3. If you disagree with this notice, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative action was made to transfer to the agency with jurisdiction of administrative appeal within 30 days from the next day of the receipt of this notice in accordance with the provisions of Paragraph 1, Article 58 of the Administrative Appeal Act.

To protect your rights and interests, we hereby inform you of the following (please complete the Proof of Receipt, Annex 1)

1. You or a relative or friend of yours have the right to petition to the local court for relief in accordance with the Habeas Corpus Act. You can provide the names, addresses, phone numbers or emails of your relative or friend to the responsible person. The competent authorities will inform your relative or friend of information about imposing isolation on you (see Annex 2).

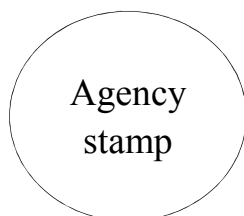
2. Whether you have submitted an appeal or a petition or not, the responsible person will evaluate if you require isolation treatment at any time. If isolation treatment is not required, the isolation order will be lifted by the local health authority. The local health authority will assess whether you need to be isolated for treatment every 30 days at the latest.
3. If you have any questions, please contact the person in charge.

Name of person in charge :

Title :

Telephone :

Competent authority:



Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).

This notice has two parts. The first part is kept by the agency, and the second part can be kept by yourself or provided to the legal representative.

Annex 1

Proof of Receipt of Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (COVID-19)

I have received the “Notice of Isolation Treatment and Right to Petition for Habeas Corpus Relief” on ____/____/____ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.

I

DO NOT request the notification of my relative or friend.

REQUEST the notification of my relative or friend.

First relative or friend

Name :

Address :

Telephone :

Email :

Second relative or friend

Name :

Address :

Telephone :

Email :

Signature :

Date :

若本人拒絕簽名，執行人員請填以下表格

If the person requiring isolation refuses to sign the notice, the person in charge will fill out the form as below.

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。

_____(Name of person in charge) has explained the right of the person requiring isolation to petition for habeas corpus relief, and asked him/her to sign the notice, but he/she has refused to sign it.

執行人員簽名：

日期：

Notice for Right to Petition for Habeas Corpus Relief to Relatives

(COVID-19)

Your relative or friend

Mr./Ms. _____ , Citizen ID No. (Passport No.) _____

has been diagnosed with COVID-19 or is suspected of having COVID-19. He/she is subject to isolation treatment in accordance with Articles 44, 45 and 67 of the Communicable Disease Control Act.

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

1. The reason for isolation treatment : Suspected COVID-19 case
2. Time of execution: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).
3. Place of execution (address or specific location) : _____
4. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
5. Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd).
6. Method of notice (describe or check one of the fields below) :
 - Signed for receipt in person.
 - The notice was signed via email or fax or line after notification by fax or email or phone.
 - The notice was mailed to the relative by double registered post after notification by fax or email or phone.

7. Contact person of the executing agency:

Name and title:

Telephone:

Signature of recipient: _____ Date : ____ / ____ / ____ (YYYY/MM/DD)

若該親友拒絕簽名，執行人員請填以下表格

If the relative or friend refuses to sign the notice, the person in charge will fill out the form as below.

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。

_____(Name of person in charge) has submitted the notice to the relative or friend, and asked him/her to sign the notice, but he/she has refused to sign it.

執行告知人員簽名：

偕同執行人員簽名：