

Declaration of Consent for Video Calls¹

_____, _____ born on _____, _____
Last Name First Name Date of Birth Relation to the Inmate

1.

- ☐ I would like to make video calls with the following inmate:
☐ My child, under sixteen years of age, would like to make video calls with the following inmate:

_____, _____ born on _____, _____
Last Name First Name Date of Birth Inmate Number

2.

I have received and agree to the terms of use for video calls. I understand that I can revoke my consent at any time. I will send the completed and signed German language consent form to the following email address: **poststelle@jva-werl.nrw.de**.

- ☐ To verify my identity, I am attaching a copy of my identification document.
☐ To verify the identity of my child, under sixteen years of age, I am attaching a copy of their identification document.

In the subject line of the email, I will include the inmate's number and full name.

I have been informed that

- the photo ID file should not exceed 1 MB, and the entire email should not exceed 6 MB,
- at the beginning of the video call with the inmate, the original submitted ID document must be held up to the webcam for identity verification purposes, and
- the external person must be ready to attend the video call appointment with the inmate.

My email address is _____

3.

To facilitate the approval process and the conduct of video calls, the Correctional Facility Werl intends to collect the data from the attached copy of the identification document and to store it digitally on an internal server protected from access by unauthorized third parties. You have the right to revoke your consent at any time. The revocation of your consent does not affect the lawfulness of data processing based on the consent up to time of revocation.

- ☐ Regarding the data processing provision outlined above:
☐ I agree.
☐ I do not agree.

¹ The German-language declaration must be signed. This translation is provided for your records only.

_____, _____
Date Signature