

嚴重特殊傳染性肺炎隔離治療通知書及提審權利告知
Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (COVID-19)

2020.04.24

姓名(本人或法定代理人親填): Name (or Legal representative):	身分證號/護照號碼: Citizen ID No. /Passport No.:
聯絡電話: TEL:	地址: Address:

_____先生/女士 您好：

Dear Mr. / Ms. _____ ,

您經醫師診斷疑似罹患嚴重特殊傳染性肺炎，為保護您及其他人的健康，請您自____年__月__日起至____年__月__日止，於_____（醫院）隔離治療機構接受隔離治療，並遵守隔離規定：

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.

- 一、應依指示於隔離病室或單獨之病室接受治療，不得任意離開。
 - 二、違反隔離治療指示者，將依「傳染病防治法」第 44 條、第 45 條及同法第 67 條處新臺幣 6 萬至 30 萬元不等罰鍰。
 - 三、對本通知如有不服，應於本通知單送達之次日起 30 日內，依訴願法第 58 條第 1 項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。
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.

另為保障您的權益，特告知您以下事項(請簽收附件 1 提審權利告知):

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

- 一、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。您可提供執行人員您親友之姓名、地址、電話或電子郵件，執行機關將盡合理努力通知您的親友有關您接受隔離治療之訊息(附件 2)。
 - 二、不論您是否聲請提審或訴願，執行人員將隨時評估您是否有隔離治療之必要，若無隔離治療之必要時，縣(市)政府將即解除隔離治療之處置；縣(市)政府至遲每隔三十日。將重新鑑定，評估您是否有繼續隔離治療之必要。
 - 三、如您有任何問題，可與以下執行人員聯絡
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.

執行人員姓名：

職稱：

電話：

通知書開立機關

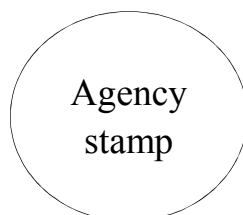


Name of person in charge :

Title :

Telephone :

Competent authority:



通知書開立時間： 年 月 日 時 分

本通知書一式二份/聯，第一份/聯由開立機關收存，第二份/聯送交本人或其法定代理人、監護人或保護人，收存。

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.

嚴重特殊傳染性肺炎隔離治療通知書及提審權利告知送達證明

附件 1

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

Annex 1

本人_____已於 年 月 日 時 分

收悉_____縣(市)政府嚴重特殊傳染性肺炎隔離治療通知書，並

了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

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.

本人

I

不請求執行機關通知親友。

DO NOT request the notification of my relative or friend.

請求執行機關通知以下親友

第一位親友

姓名：

住址：

電話：

電子郵件：

第二位親友

姓名：

住址：

電話：

電子郵件：

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：

本人簽名：

日期：

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：

附件 2

告知親友提審權利通知書

Notice for Right to Petition for Habeas Corpus Relief to Relatives

(COVID-19)

Annex 2

您的親友

_____ 先生/女士，身份證字號：_____

(護照號碼)

Your relative or friend

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

因罹患或有可能罹患嚴重特殊傳染性肺炎，依傳染病防治法第 44 條、第 45 條及第 67 條規定，通報為法定傳染病，需施行隔離治療。

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.

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：
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:

一、前揭隔離治療之執行原因：可能罹患嚴重特殊傳染性肺炎

二、執行時間：民國 _____ 年 _____ 月 _____ 日 _____ 時 _____ 分。

三、執行地點（地址或可認定具體地點之記載）：

四、您有權利依照提審法的規定，向地方法院聲請提審。

五、通知時間：民國 _____ 年 _____ 月 _____ 日 _____ 時 _____ 分。

六、通知及簽收方式(載明或勾選下方欄位)：

- 現場親自簽收。
- 電話、傳真或電郵告知後，掃描 QR code 於手機填寫表單簽收。
- 電話、傳真或電郵告知後，以傳真、電郵或 line 回復簽收。
- 電話、傳真或電郵告知後，通知書以雙掛號方式郵寄該親友簽收。

七、執行機關聯絡人

姓名與職稱：

電話號碼：

被通知人簽名：

日期：

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：