

**Application**  
**for community service**  
**instead of non-suspended imprisonment**

cf. Art. 37, para 1, of Act no. 15/2016, cf. Art 1.a., of Act no. 98/2021

Application to be sent to

**The Prison and Probation Administration**  
**Austurströnd 5 170 Seltjarnarnesi**

Email: sam@fangelsi.is

**Service of sentence postponed until a decision  
is made on the application**

Full name of applicant:

ID no:

Address:

Tel:

Mob:

Post code and municipality:

Email:

Name, connection and telephone number of the next of kin:

Driver's license

Yes  No

Applicant's current job:

Working hours:

<p>Do you have:</p> <p><input type="checkbox"/> an alcoholic problem?</p> <p><input type="checkbox"/> a drug abuse problem?</p>	<p>Have you had treatment for alcohol and/or substance abuse?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes When _____</p>
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Other information the applicant wishes to submit such as  
health information that may be relevant to the choice of workplace:

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**If you change your telephone number, e-mail address or your address given in this application you must notify the Prison and Probation Administration (PPA) without delay. The applicant must also respond to the inquiries addressed to him by the PPA by telephone, e-mail or by regular mail.**

**Failure to respond to inquiries may affect the applicant's eligibility for community service.**

Date of application

Application received

Applicant's signature

Considering the number of applications received by the PPA, delays may occur in their processing.