

DasZuchthaus

Detention request

Note: The questionnaire is an essential part of the application process. The application form decides whether the inmate is accepted or rejected for the event. The more detailed it is filled out, the better the chances of the inmate to receive a positive decision.

At best, the delinquent indicates the exact date of his desired stay in order to assign the questionnaire to the correct event.

Shuttle service from/to the nearest airport will be charged extra. This also applies possible kidnapping scenarios and the prisoner transporter, which can only be booked for stays in Kaltenstein II and Lockwitz.

Please insert a photo of yourself here!
(passport photo)



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I. Personal data

First name		Height (in cm)	
Year of birth		Weight (in kg)	
Phone		Clothing size	
Place of residence		Shoe size	
Email address			
Fetlife Profile		SZ Profile	

Sexual orientation	Straight <input type="checkbox"/>	Gay <input type="checkbox"/>	Bi <input type="checkbox"/>	Bi Interested <input type="checkbox"/>
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II. Information about the detention

Charge / reason for my imprisonment

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I am looking for ...

a group stay in Kaltenstein II	<input type="checkbox"/>
an individual stay in Kaltenstein II	<input type="checkbox"/>
a group stay in SAL Dresden	<input type="checkbox"/>
an individual stay in SAL Dresden	<input type="checkbox"/>
an individual stay in the Hanover branch (compatible with newcomers)	<input type="checkbox"/>

Planned duration of detention	24 hours ()	48 hours ()
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III. Photos and videos

I consent to photos and videos	<input type="checkbox"/>
I consent to photos and videos as long as my face is unrecognizable (e.g. covered by a mask / head bag and I am not recognizable by conspicuous physical features such as scars or tattoos).	<input type="checkbox"/>
I would like to see photos / videos that are to be published (website; social media; Fetlife etc.) beforehand and then approve them.	<input type="checkbox"/>
I do not want to be photographed or filmed.	<input type="checkbox"/>

IV. Medical and nutrition

Do you drink coffee?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Number of cups/day:	<input type="text"/>
Are you a smoker?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Number of cigarettes/day:	<input type="text"/>

HIV status	<input type="checkbox"/> negative	<input type="checkbox"/> positive
Visual aids	<input type="checkbox"/> glasses	<input type="checkbox"/> contact lenses
Blood thinners	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergies	<input type="checkbox"/> yes	<input type="checkbox"/> no
Anxiety disorders	<input type="checkbox"/> yes	<input type="checkbox"/> no
Food intolerances	<input type="checkbox"/> yes	<input type="checkbox"/> no

Are there any health restrictions?

What medication must be taken regularly or if necessary?

Anxiety disorders (phobias): Which ones? (Please specify!)

Allergies: Which ones? (Please specify!)

Food intolerances: Which foods? (Please specify!)

V. General interests and preferences

1 = very low / 5 = very high

SM experience	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
Physical resilience	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
Mental resilience	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
Pain tolerance	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5

Fetish

Rubber / Latex	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
Leather	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
Metal shackles	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
Uniform	(<input type="checkbox"/>) yes (<input type="checkbox"/>) no
Other fetish	

1 = do not agree / 5 = fully agree

I am looking for hard SM	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I am mainly looking for metal bondage	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I am mainly looking for sex	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I want to be led to my limits	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I want to "sit" in peace	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I need a lot of "iron"	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5
I am looking for punishment	(<input type="checkbox"/>) 1 (<input type="checkbox"/>) 2 (<input type="checkbox"/>) 3 (<input type="checkbox"/>) 4 (<input type="checkbox"/>) 5

List of likes and dislikes (DE / EN)

Art der Behandlung	Total geil	Mag ich	Okay	Würde ich probieren	Davor habe ich Angst	„egal“	Tabu
Type of treatment	Cool	I like it	Okay	I would try	I'm afraid of that	„no matter“	Taboo
Augenbinde / Blindfold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbeitsdienste / Labor services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auspeitschen / Whipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal hetero, aktiv / Anal hetero, active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal hetero, passiv / Anal hetero, passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasen, aktiv / Blowjob, active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasen, passiv / Blowjob, passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bondage (Eisen / iron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bondage (Klebeband / tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bondage (Seil / rope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brustwarzen/ Nipples (TT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dauerkatheter / permanent Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demütigung / Humiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dienen / Serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dildo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilatoren / Dilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drehkreuz / Turnstile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faustfick / Fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasmaske / Gas mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gummi / Rubber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halsband / Collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hängen/Schweben / Hanging/Floating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Käfig / Cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerkerhaft / Imprisonmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitzeln/Tickling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klammern / Clamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klinik / Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kreuzigung Seil/Leder / Cucifixion Rope/Leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knebel / Gagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Langzeitfesselung / Long-term bondage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leckdienste / Lick Services (Boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leckdienste / Lick Services (Feet, Sox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumifizierung / Mummification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nackthaltung / Naked posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nadeln / Needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohrfeigen / Slapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pisse / Piss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pissverbot / No pissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

=> Table continues on the next page

Zwangs-Rasur (Kopf) / Forced shaving (head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zwangs-Rasur (Schwanz) / Forced shaving (cock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollenspiele / Dogplay / Roleplay / Dogplay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raufen / Scuffling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reizstrom / e-stim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reizstrom (extrem) / Electro torture extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rohrstock / Caning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sackfolter / CBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Segufix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinnesentzug / Sensory deprivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprechverbot / No Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangulieren / Strangulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streckbank / Stretching bench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verhör / Interrogation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vergewaltigung, hetero aktiv / Rape, hetero active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vergewaltigung, hetero passiv / Rape, hetero passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wachs / Wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windeln / Diaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zwangsabmelken / Forced milking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zwangsjacke / Straitjacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Further information

My absolute taboos are:

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What is the prisoner looking for? How do you see your role? What is important to you?

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What do you expect from the event?

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Any other comments and suggestions?

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