

LONG SENTENCE PRISONER'S RECORD			PRISION FORM 3	
General Register No:	<input type="text" value="CENC0000132/18"/>		Serial No:	<input type="text" value="141"/>
Name :	<input type="text" value="Nabagesera Ojok Wakinona"/>		Age on conviction	<input type="text" value="19"/>
Place of birth :	<input type="text" value="Buvuma"/>		Married or Single	<input type="text" value="Single"/>
Occupation when free :	<input type="text" value="Artist"/>		Number of Children (if any):	<input type="text" value="1"/>
Employed or not :	<input type="text"/>			
Address at time of arrest :	CHIEF	<input type="text"/>		
	VILLAGE	<input type="text"/>		
	GOMBOLOLA	<input type="text"/>		
	AREA	<input type="text"/>		
	DISTRICT	<input type="text"/>		
Name and Address of next of kin :	<input type="text"/>		Relationship :	<input type="text"/>
Crime of which convicted :	<input type="text"/>			
Place crime committed :	<input type="text"/>		Date:	<input type="text"/>
Court :	<input type="text"/>		Sentence :	<input type="text"/>
Standard of Education :	<input type="text"/>		Religion :	<input type="text"/>

## MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :	
COLOUR OF HAIR			
NATIONALITY			
PLACE OF BIRTH			
OCCUPATION :	TRADE		
	EMPLOYED AT TIME OF CONVICTION?		
	IN OWN EMPLOYMENT?		
	UNEMPLOYED?		
DESCRIPTION MARKINGS ON BODY			

## STATEMENT SHOWING TRADE FOLLOWING AT EACH PRISON

Prisons	To	Trade of Occupation	Supt's Initials

RECORD OF PREVIOUS CONVICTIONS		C.R.O No				
Station	Court	Place	Date	Crime	Name	Prisons in which Under gone
Central Region		Kaiti	07-03-2018	Obtaining goods by false pretences	Nabagesera Ojok Wakinona	

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weight	Height	Complexion	Hair	Eye	Skin
	Healthy		6 .0		Curly Hairs	Black eyes	

DISTINCTIVE MARKS OF PRISONER	
HEAD	{head}
RIGHT SIDE	{right_side}
LEFT SIDE	{left_side}

PHOTOGRAPH	
ON RECEPTION	ON DISCHARGE(If

sentence over 7 years)

### SPECIAL REMARKS

The following are subject to which special attention should be called for the information of the Authorities of prisons, viz, a administrations or denials of previous convictions, escapes or attempts to escape specious circumstances connected with visits, correspondence, corporal punishment, violent conducts, any peculiar mental or bodily condition requiring special treatment. Attempts to commit suicide or bodily injuries, whether convicted at the same time and place jointly with other prisoners, giving the General Register Number and names of the latter with their relationship, if any. Every entry to be concise and in order of date. Escapes, attempts to escape and any peculiar mental or bodily condition requiring special treatment should be entered in red ink.

Date	Prison	Subject of Remarks	Supt's Initial

RECORD OF SCHOOL AND CLASSES			
Date	Prison	Subject of Remarks	Supt's Initial

### MEDICAL HISTORY SHEET

Vaccinated

Fit to work as

Re-vaccinated

Medical officer

Has had smallpox

Date

State of health, special remarks

(To be completed in case of  
Light Labour only)

**RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS**

--

**Record of admissions to hospital, accidents, special examinations - Continued**

--

**Examined prior to discharge – Remarks:**

--

**Date :**

--

**Medical Officer :**

--

**A/C No**

--

**PROPERTY BOOK  
No**

--

**RECORD OF SUPPLEMENTARY CASH, ETC**

Date	Amount	IN or OUT	Supplementary property Book Folio No.	Initials of Officer in Charge
------	--------	-----------	---------------------------------------	-------------------------------

--

**No:**

CENC0000132/18

**Name:**

Nabagesera Ojok Wakinona

**Sentence:**

{ }

years:	{year}
Period In days:	
Date of commencement:	
Date due for periodical review:	
Date of expiration:	
Treated as appellant:	
Earliest possible date for release:	
Examined:	
Date:	

FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
Actual date of release			
Examined prior to release			

PROGRESS IN STAGE		
Stage	Date	Remarks

PROGRESS IN STAGE			
Date	Offence	Punishment Awarded	Supt's Initials

NEWSPAPER REPORT OF TRIAL AND APPEAL (IF ANY)

(To be pasted below) The title of the date of the newspaper, and name of the Judge of Magistrate of the court by whom the prisoner was trial to be inserted above the report.  
The name of the Judge of Magistrate should be stated whether a report is available or not

RECORD OF VISITS AND LETTERS			
Date Due	Date Paid	Prices	Name and Relationship of Visitor

WELFARE DETAILS AT RECEIPTION BOARD

Name :	Nabagesera Ojok Wakinona	Number :	CENC0000132/18
Seen by Reception Board on :		at :	
Sex :	{sex_pr}	Age :	19

Married (or) Single :	Single	Literate :	
Degree of education (school attended – standard reached) :	Secondary		
Religion :	{pr_region}		
Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) :			
History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :			
Note from previous records (if any re disciplinary offences, medical history special occurrences) :			
Recommendation regarding classification :			
Instructions reposition with any special recommendations from the Board :			
Number of children, sex, ages :	1,Male,8 days		
Who are dependent members of prisoner's family and where are they living :			
What income is there :			
Do dependents of prisoner own land or property :			
Does the Board consider an investigation by Welfare Officer necessary :			
Has prisoner any salary or debts owing to him or property with police :			
Does prisoner, or his family own money as the result of his imprisonment :			
Any further details :			
Date :		Officer in charge :	



## DISCHARGE BOARD SUMMARY

*To be completed three months before the month of discharge*

**Prison :**

**Name (In full) :**

Nabagesera Ojok Wakinona

**Superintendent :**

**Former employment :**

**Address on discharge if none fixed, state town to which proceeding :**

**What he wishes to do :**

**Any offer of help or employment :**

**Vocational and spare time training :**

**Amount of previous cash :**

**Earliest date of discharge :**

**Licence expires (If has any) :**

**Date :**

**Officer in charge :**

**Superintendent's opinion and recommendation :**

Date :

Superintendent :

**Disposal on Release**

Date	Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of Sentence or Death, etc.	Licence Number	Date of Expired on Licence or Supervision	Destination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PARTICULARS OF AFTER – CARE**