

| LONG SENTENCE PRISONER'S RECORD | PRISION FORM 3 |
|---------------------------------|----------------|
|---------------------------------|----------------|

| | | | | |
|-----------------------------------|----------------------------|----------------|------------------------------|---------------------|
| General Register No: | KRC0000340/18 | | Serial No: | {serial_no} |
| Name : | {fullname} | | Age on conviction | {age_on_conviction} |
| Place of birth : | {place_of_birth} | | Married or Single | {marital_status} |
| Occupation when free : | {occupation_when_free} | | Number of Children (if any): | {no_of_children} |
| Employed or not : | {employed} | | | |
| Address at time of arrest : | CHIEF | {chief_name} | | |
| | VILLAGE | {village_name} | | |
| | GOMBOLOLA | {gombolola} | | |
| | AREA | | | |
| | DISTRICT | {district} | | |
| Name and Address of next of kin : | | | Relationship : | {relationship} |
| Crime of which convicted : | {crime_of_which_convicted} | | | |
| Place crime committed : | {place_crime_committed} | | Date: | {date} |
| Court : | {court} | | Sentence : | {date} |
| Standard of Education : | {standard_of_education} | | Religion : | {religion} |

MEDICAL EXAMINATION ON RECEIPTION

{medical_checkup}

Date :

{check_up_date}

Medical Officer :

{medical_officer}

COLOUR OF HAIR

{color_of_hair}

NATIONALITY

{nationality}

PLACE OF BIRTH

{place_of_birth}

OCCUPATION :

TRADE

EMPLOYED AT TIME OF CONVICTION?

IN OWN EMPLOYMENT?

UNEMPLOYED?

DESCRIPTION MARKINGS ON BODY

{description_markings_on_body}

STATEMENT SHOWING TRADE FOLLOWING AT EACH PRISON

| Prisons | To | Trade of Occupation | Supt's Initials |
|---------|----|---------------------|-----------------|
|---------|----|---------------------|-----------------|

{prisoner_trade_details}

| RECORD OF PREVIOUS CONVICTIONS | | C.R.O No | | | | |
|--------------------------------|-------|----------|------|-------|------|--------|
| Station | Court | Place | Date | Crime | Name | Prison |

| | | | | | | | |
|--|--|--|--|--|--|--|--------------------------------|
| | | | | | | | s in which Under gone |
|--|--|--|--|--|--|--|--------------------------------|

{previous_convictions}

DESCRIPTION OF PRISONER

| | | | | | | | |
|--------------------------------|-------|------------|------------|--------------------|------|-----|------|
| Date when description taken | Build | Weig ht | Heig ht | Com plexi on | Hair | Eye | Skin |
|--------------------------------|-------|------------|------------|--------------------|------|-----|------|

{description_of_prisoner}

DISTINCTIVE MARKS OF PRISONER

HEAD

{description_markings_on_body}

RIGHT SIDE

LEFT SIDE

PHOTOGRAPH

ON RECEPTION

ON DISCHARGE(If
sentence over 7 years)
{on_discharge_image}

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 |
|-------------------|--------|--------------------|----------------|
| {special_remarks} | | | |

| RECORD OF SCHOOL AND CLASSES | | | |
|--------------------------------|--------|--------------------|----------------|
| Date | Prison | Subject of Remarks | Supt's Initial |
| {record_of_school_and_classes} | | | |

MEDICAL HISTORY SHEET

| | | | |
|----------------------------------|----------------------|--|-------------------|
| Vaccinated | | Fit to work as | |
| Re-vaccinated | | Medical officer | {medical_officer} |
| Has had smallpox | | Date | {sick_date} |
| State of health, special remarks | {health_spl_remarks} | (To be completed in case of Light Labour only) | |

RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS

{records_of_admissions}

Record of admissions to hospital, accidents, special

examinations - Continued

{records_of_admissions_continued}

Examined prior to discharge – Remarks:

{Examined_prior_to_discharge}

Date :

{d2_date}

Medical Officer :

{medical_officer}

A/C No

{ac_no}

**PROPERTY BOOK
No**

{ac_no}

RECORD OF SUPPLEMENTARY CASH, ETC

Date

Amount

IN or OUT

**Supplementary property Book
Folio No.**

**Initials of Officer in
Charge**

{records_of_supplementary_cash}

No:

{number}

Name:

{n_name}

Sentence:

{sentence}

years:

{year}

Period In days:

{days}

Date of commencement:

{date_of_committal}

Date due for periodical review:

Date of expiration:

Treated as appellant:

**Earliest possible date for
release:**

{epd}

| | |
|-----------|-----------|
| Examined: | |
| Date: | {created} |

FORFEITURE OF REMISSION

| Date | Days forfeited | Date | Days forfeited |
|------|----------------|------|----------------|
|------|----------------|------|----------------|

| | | |
|---------------------------|---------------------------|--|
| {forfeiture_of_remission} | Actual date of release | |
| | Examined prior to release | |

PROGRESS IN STAGE

| Stage | Date | Remarks |
|-------|------|---------|
|-------|------|---------|

| | |
|------------------|-------------------|
| {progress_stage} | PROGRESS IN STAGE |
|------------------|-------------------|

| Date | Offence | Punishment Awarded | Supt's Initials |
|------|---------|--------------------|-----------------|
|------|---------|--------------------|-----------------|

{progress_in_stage}

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

{newspaper_report_of_trial_and_appeal}

RECORD OF VISITS AND LETTERS

| | Date Due | Date Paid | Prices | Name and Relationship of Visitor |
|---|---------------------|-----------|---------------------------|----------------------------------|
| {record_of_visits_and_letters} | | | | |
| WELFARE DETAILS AT RECEPTION BOARD | | | | |
| Name : | {welfare_name} | | Number : | {prisoner_number} |
| Seen by Reception Board on : | {seen_by_reception} | | at : | |
| Sex : | {sex_pr} | | Age : | {pr_age} |
| Married (or) Single : | {married_or_single} | | Literate : | {literate} |
| Degree of education (school attended – standard reached) : | | | {degree_of_education} | |
| Religion : | | | {pr_region} | |
| Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) : | | | {records_of_admissions} | |
| 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 : | | | {classification} | |
| Instructions reposition with any special recommendations from the Board : | | | | |
| Number of children, sex, ages : | | | {no_of_children_sex_ages} | |
| 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 :

{prison}

Name (In full) :

{name_in_full}

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

{disposal_on_relese}

PARTICULARS OF AFTER – CARE

{after_care}