LONG SENTENCE PRISON	IER'S RECORD	PRIS	PRISION FORM 3		
General Register No:	CENC0000235/18		Seria	ıl No:	244
Name:	Karoli Serwanga		Age	on conviction	64
Place of birth :	Rakai		Marri	ied or Single	Separated
Occupation when free :	Business Men		Numl	ber of Children (if any):	0
Employed or not :					
Address at time of arrest :	CHIEF				
	VILLAGE	Muterwong			
	GOMBOLOLA				
	AREA				
	DISTRICT	Rakai			
Name and Address of next of kin :				Relationship :	Aunt
Crime of which convicted :	Aiding soldiers or policemen i	in acts of mutiny			
Place crime committed :				Date:	16-05-1988
Court :	High Court			Sentence :	16-05-1988
Standard of Education :	Primary			Religion :	

MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :		
COLOUR OF HAIR	Brown Hairs			
NATIONALITY	Uganda			
PLACE OF BIRTH	Rakai			
OCCUPATION:	TRADE			
	EMPLOYED AT TIME OF CONVICTION?			
	IN OWN EMPLOYMENT?			
	UNEMPLOYED?			
DESCRIPTION MARKINGS ON BODY				
	STATEMENT SH	OWING TRADE FOLLOWING AT	EACH PRISON	
Prisons	То	Trade of Occupation		Supt's Initials

RECORD OF PREVIOUS CONVICTIONS	C.R.O No					
Station	Court	Place	Date	Crime	Name	Prison s in which Under gone
Central Region	High Court		16-05-19 88	Aiding soldiers or policeme n in acts of mutiny	Karoli Serwang a	Central Region

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weig ht	Heig ht	Com plexi on	Hair	Eye	Skin
	Health y		7 .0		Brown Hairs	Blue eyes	

DISTINCTIVE MARKS OF PRISONER				
HEAD				
RIGHT	SIDE			
LEFT S	SIDE			
		PHOTOGRAPH		



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
DECOR			2050
RECOR	D OF SCHO	OL AND CLA	ASSES
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)	F	
		RECORD OF	ADMISSIONS TO HO	OSPITAL, ACCIDENTS, SPEC ATIONS	IAL	
		Record	of admissions to he examinations	ospital, accidents, special - Continued		
		E	xamined prior to dis	scharge – Remarks:		
	Date :			Medical Officer :		
A/C No		UG/000000107/1	8	PROPERTY BOOK No	000000107/18	
			RECORD OF SUPPLEM	IENTARY CASH, ETC		
	Date	Amount	IN or OUT	Supplementary property Book Folio No.	Initials of Officer in Charge	
L						

No:	CENC0000235/18
Name:	Karoli Serwanga
Sentence:	
years:	
Period In days:	
Date of commencement:	16-05-1988
Date due for periodical review:	
Date of expiration:	
Treated as appellant:	
Earliest possible date for release:	26-09-1991
Examined:	
Date:	20-09-2018

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

PROGRESS IN STAGE							
	Stage		Date		Remarks		
	Stage II		13	3-09-2017	Stage Assigned		
PROGRESS IN STAGE							
Date	0		Punishme Awarded	nt	Supt's Ini	tials	
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	Name and Relationship of Visitor					

WELFARE DETAILS AT RECEIPTION BOARD				
Name :	Karoli Serwanga	Number :	CENC0000235/18	

Seen by Receiption Board on :	8	at:		
Sex:	Female	Age:	64	
Married (or) Single :	Separated	Literate :	Yes	
Degree of education (school atte	ended – standard reached) :	Primary		
Religion:				
hysical and Mental state (to be filed by Prisons Medical Officer before the risoner is seen by Receiption Board): story since last imprisonment (if any) previous action taken by prison athorities i.e. After care: ote from previous records (if any re disciplinary offences, medical history				
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 :		Star		
Instructions reposition with any special recommendations from the Board :				
Number of children, sex, ages :	Number of children, sex, ages :			
Who are dependent members of	coner is seen by Receiption Board): tory since last imprisonment (if any) previous action taken by prison norities i.e. After care: e from previous records (if any re disciplinary offences, medical history cial occurrences: commendation regarding classification: ructions reposition with any special recommendations from the Board: nber of children, sex, ages: o are dependent members of prisoner's family and where are they living: at income is there:			
What income is there :				
Do dependents of prisoner own land or property :				
Does the Board consider an inv	estigation by Welfare Officer necessary :			
Has prisoner any salary or debt	s 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 :	
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DISCHARGE BOARD SUMMARY

To be completed three months before the month of discharge

	sororo uro momero dicoria. go			
Prison :	Central Region			
Name (In full) :	Karoli Serwanga			
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		nether on Licence, Under Supervision, rdon, Remission, or Expiration of ntence or Death, etc.		Date of Expired on Licence or Supervision		Destination
PARTICULARS OF AFTER – CARE						