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**LONG SENTENCE PRISONER'S RECORD**

Prisons Form 3

**General Register No.** KRC0000340/18

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**Tribe**

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**Serial No.**

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**Name**

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**Place of Birth**

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**Age of Conviction**

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**Married or Single**

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**Number of Children (if any)**

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**Occupation when free**

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**Employed or not**

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**Address at time of arrest (village)**

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**(Parish)**

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**(Sub County)**

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**(County)**

---

**(District)**

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**Name and address of next of kin**

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**Relationship**

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**Tel. No. of next of Kin**

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**Place crime committed**

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**Date**

---

**Court**

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**Sentence**

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---

**Standard of education**

---

**Religion**

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**MEDICAL EXAMINATION ON RECEPTION**

enter your text here

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PARTICULARS OF AFTER CARE

Date

Medical officer

STATEMENT SHOWING TRADE FOLLOWED AT EACH PRISON

Prison	Date	Trade or occupation	Supt's initials

## Prison

Date \_\_\_\_\_

Trade or occupation

Supt's initials

## RECORD OF PREVIOUS CONVICTIONS

C.R.O. No

Sentence

Court

Place

Date

Crime

Name

Prisons in which undergone



Sentence	Court	Place	Date	Crime	Name	Prisons in which undergone

### DESCRIPTION OF PRISONER

Date when Description taken	Build	Weight	Height	Complexion	Hair	Eye	Skin
					Ft.		

### MEDICAL EXAMINATION ON RECEPTION

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enter your text here

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**Head**

enter your text here

---

**Right Side**

enter your text here

---

**Left Side**

enter your text here

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**PHOTOGRAPHS**

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**ON RECEPTION**

**ON DISCHARGE (If Sentence Over 7 Years)**

**SPECIAL REMARKS**

The following are subjects to which special attention should be called the information of the authorities of prisons, viz admissions or denials, of previous conviction, escapes, or attempts to escape, specious circumstances connected with the visits correspondence, corporal punishments, violent conducts, any peculiar mental or bodily condition requiring special treatment, attempts to commit suicide or bodily injuries, whether convicted at same time and place jointly with other Prisoners, giving the General Register Number and name of the latter with thier relationship, if any. Every entry to be cencised 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 Initials

[illegible][illegible][illegible][illegible][illegible]

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<b>Vaccinated</b>	
<b>Re-vaccinated</b>	
<b>Has had smallpox</b>	<b>Fit to work as</b> <small>enter your text here</small>
	<b>Medical officer Prison</b>
<b>State of health, special, remarks</b> <small>enter your text here</small>	<b>Date</b>
	<small>(to be completed in cases of light labour only)</small>

<b>Vaccinated</b>	
<b>Re-vaccinated</b>	
<b>Has had smallpox</b>	<b>Fit to work as</b> <small>enter your text here</small>
	<b>Medical officer Prison</b>
<b>State of health, special, remarks</b> <small>enter your text here</small>	<b>Date</b>
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<b>State of health, special, remarks</b> <small>enter your text here</small>	<b>Date</b>
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<b>State of health, special, remarks</b> <small>enter your text here</small>	<b>Date</b>
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	<b>Medical officer Prison</b>
<b>State of health, special, remarks</b> <small>enter your text here</small>	<b>Date</b>
	<small>(to be completed in cases of light labour only)</small>

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enter your text here

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enter your text here

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[continued overleaf]

**Record of admission to hospital, accident, special examinations-continued**

enter your text here

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**EXAMINATION PRIOR TO DISCHARGE-REMARKS**

enter your text here

Date

Medical Officer

Prison

A/C no

PROPERTY BOOK NO

[illegible]



Date \_\_\_\_\_

Amount  
Shs Cts

## IN or OUT

Supplementary property Book Folio No.

Initials of officer in Charge

**No**

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**Name**

---

**Sentence**

---

**years**

---

**months**

---

**Period in days**

---

---

**Date of commencement**

---

**Date due for periodical review**

---

**Date of expiration**

---

**Treated as appellant**

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**Earliest possible date for release**

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**Examined**

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Date

FORFEITURE OF PERMISSION

Date	Days forfeited	Date	Days forfeited

Actual date of release

Examined prior to release

PROGRESS IN STAGE		
Stage	Date	Remarks
Total Days Forfeited		

Date \_\_\_\_\_

Offence

## Punishment Awarded

Supt's initials

## RECORD OF PETITIONS, APPLICATIONS AND TRANSFERS

Date

## Statement of Application

Reply

Date

Statement of Application

Reply

### **NEWS PAPERS REPORT OF TRIAL AND APPEAL (IF ANY)**

(To be passed below) the title and date of the news papers and the name of the judge or magistrate of the court by whom the prisoner was tried to be above the report. The name of the judge or magistrate should state whether a report is available or not.

enter your text here

Date Due	Date Paid	Prison	Name and relationship of visitor
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Date Due

Date Paid

## Prison

Name and relationship of visitor

## RECORD OF VISITS AND LETTERS

Date Due

Date Paid

Prison

Name and relationship of visitor

Date Due

Date Paid

## Prison

Name and relationship of visitor

## RECORD OF VISITS AND LETTERS

Date Due

Date Paid

## Prison

Name and relationship of visitor

Date Due

Date Paid

Prison

Name and relationship of visitor

Date Due	Date Paid	Prison	Name and relationship of visitor

WELFARE DETAILS AT RECEPTION BOARD

Name

---

Number

---

Seen by Reception Board on

---

at

---

[illegible]

Degree of education (school attended-standard reached)

Degree of criminality (present and previous history of crime)

Religion

Trade qualifications

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**Physical and mental state (to be filled by prison medical officer before the prisoner is seen by the reception board)**

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**History since last imprisonment (if any) previous action taken by prison authorities ie: after care**

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**Notes from the previous records (if any re-disciplinary offences medical history special-occurrences)**

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**Recommendation regarding classification**

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**Instructions reposting with any special recommendation from the board**

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[continued overleaf]



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## WELFARE DETAILS AT RECEPTION BOARD - CONTINUED

Number of children, sex ages

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Who are dependant members of prisoner's family and where are they now living?

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**What income is there?**

**Do dependants or prisoners own land or property?**

**Does the board consider an investigation bby welfare officer necessary?**

**Has prisoner any salary or debts owing to him or property with police?**

Does prisoner or his family owe money as the result of his imprisonment?

Date \_\_\_\_\_

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**Officer I/C**

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**DISCHARGE BOARD SUMMARY**

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

**Prison**

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**Name (in full)**

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**Superintendent**

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**Former employment**

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**Address on discharge in non fixed, state town to which proceeding**

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**What he wishes to do**

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**Any offer of help or employment**

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**Vocational and spare time training**

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**General remarks and suggestions for after care**

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**Amount of private cash**

---

**Earliest date of discharge**

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**Licence expires (if has any)**

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**Date**

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**Superintendent**

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[continued overleaf]

**Discharge board summary-continued**

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**Superintendent's opinion and recommendation**

**Date**

**Superintendent**

**Discharge Interview**

**(To be filled by D.P.A.S. representative unless other instructions are given)**

**Address on discharge**

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**What he wishes to do**

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**Help required**

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To see welfare officers or labour exchange

Appearance

Date

Signature

DISPOSAL ON RELEASE				
Date	Whether on licence, under supervision pardon, remission, or expiration of sentence or death, etc	Licence number	Date of expiration licence on of licence number of supervision	Destination