

LONG SENTENCE PRISONER'S RECORD

Prisons Form 3

General Register No. RPKC0000011/19

Tribe Alur

Serial No. 420

Name Applicationtocourt Appeal

Place of Birth

Age of Conviction 38

Married or Single Separated

Number of Children (if any)

Occupation when free Business Men

Employed or not Private Sector

Address at time of arrest (village) N/A

(Parish) N/A

(Sub County) N/A

(County) N/A

(District) N/A

Name and address of next of kin gijg ghjgh jghjghj,

Relationship Cousin

Tel. No. of next of Kin

Place crime committed N/A

Date

Court Gulu,Attanga

Religion Hinduism

Sentence	Court	Place	Date			Crime	Name	Prisons in which undergone
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DESCRIPTION OF PRISONER

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

MEDICAL EXAMINATION ON RECEPTION

enter your text here
.....

Head

enter your text here
.....

Right Side

enter your text here
.....


Left Side

enter your text here
.....

PHOTOGRAPHS

ON RECEPTION

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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.

[illegible]

RECORDS OF SCHOOL AND CLASSES

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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MEDICAL HISTORY SHEET

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

RECORD OF ADMISSION TO HOSPITALS, ACCIDENTS, SPECIAL EXAMINATIONS

enter your text here

[continued overleaf]

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

enter your text here

EXAMINATION PRIOR TO DISCHARGE-REMARKS

enter your text here

Date

Medical Officer

Prison

A/C no

PROPERTY BOOK NO

RECORD OF SUPPLEMENTARY CASH, E.T.C

Date	Amount		IN or OUT	Supplementary property Book Folio No.	Initials of officer in Charge
	Shs	Cts			
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[illegible]

No

Name _____

Sentence

years _____

months

Period in days

Date of commencement

Date due for periodical review

Date

Examined prior to release

[illegible]

Degree of education (school attended-standard reached)

Degree of criminality (present and previous history of crime)

Religion

Trade qualifications

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

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

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

Recommendation regarding classification

Instructions reposting with any special recommendation from the board

[continued overleaf]

WELFARE DETAILS AT RECEPTION BOARD - CONTINUED

Number of children, sex ages

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

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?

Any further details

Date

DISCHARGE BOARD SUMMARY

Officer I/C

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

Prison

Name (in full)

Superintendent

Former employment

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

What he wishes to do

Any offer of help or employment

Vocational and spare time training

General remarks and suggestions for after care

Amount of private cash

Earliest date of discharge

Licence expires (if has any)

Date

.....

Superintendent

[continued overleaf]

Discharge board summary-continued

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

What he wishes to do

Help required

To see welfare officers or labour exchange

Appearance

Date

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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
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PARTICULARS OF AFTER-CARE