
LONG SENTENCE PRISONER'S RECORD

Prisons Form 3

General Register No. {general_regd_no}

Tribe

Serial No.

Name

Place of Birth

Age of Conviction

Married or Single

Number of Children (if any)

Occupation when free

Employed or not

Address at time of arrest (village)

(Parish)

(Sub County)

(County)

(District)

Name and address of next of kin

Relationship

Tel. No. of next of Kin

Place crime committed

Date

Court

Sentence

Standard of education

Religion

MEDICAL EXAMINATION ON RECEPTION

enter your text here

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
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DESCRIPTION OF PRISONER

[illegible]

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]

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

Vaccinated	
Re-vaccinated	
Has had smallpox	Fit to work as <input type="text"/>
	Medical officer Prison
State of health, special, remarks <input type="text"/>	Date <input type="text"/>
	(to be completed in cases of light labour only)

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

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

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

enter your text here

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

Date _____

Amount
Shs Cts

IN or OUT

Supplementary property Book Folio No.

Initials of officer in Charge

No

Name

Sentence

years

months

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 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

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Date Due	Date Paid	Prison	Name and relationship of visitor

WELFARE DETAILS AT RECEPTION BOARD

Name

Number

Seen by Reception Board on

at

Sex

Age

Married or Single

Literate

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?

Date _____

Officer I/C

DISCHARGE BOARD SUMMARY

(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

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