

## LONG SENTENCE PRISONER'S RECORD

## PRISION FORM 3

**General Register No:** CENR0000107/18

**Serial No:** 107

**Name :** Daxton lexus

**Age on conviction** 38

**Place of birth :** austria

**Married or Single** {marital\_status}

**Occupation when free :** {occupation\_when\_free}

**Number of Children (if any):** 0

**Employed or not :**

**Address at time of arrest :** CHIEF

VILLAGE

GOMBOLOLA

AREA

DISTRICT

**Name and Address of next of kin :**

**Relationship :**

**Crime of which convicted :**

**Place crime committed :**

**Date:**

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**Court :**

**Sentence :**

**Standard of  
Education :**

**Religion :**

**MEDICAL EXAMINATION ON RECEIPTION**

**Date :**

**Medical Officer :**

**COLOUR OF HAIR**

**NATIONALITY**

**PLACE OF BIRTH**

**OCCUPATION :**

TRADE

EMPLOYED AT TIME  
OF CONVICTION?

IN OWN  
EMPLOYMENT?

UNEMPLOYED?

**DESCRIPTION**

**MARKINGS ON BODY**

STATEMENT SHOWING TRADE FOLLOWING AT EACH PRISON			
Prisons	To	Trade of Occupation	Supt's Initials

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

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weight	Height	Complexion	Hair	Eye	Skin

**DISTINCTIVE MARKS OF PRISONER**

**HEAD**

**RIGHT SIDE**

**LEFT SIDE**

**PHOTOGRAPH**

**ON R  
ECEPTION  
TION**

**ON DISCHARGE  
(If sentenced  
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
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### RECORD OF SCHOOL AND CLASSES

Date	Prison	Subject of Remarks	Supt's Initial
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### 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)**

### RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS

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**Record of admissions to hospital, accidents, special examinations - Continued**

**Examined prior to discharge – Remarks:**

**Date :**

**Medical Officer :**

A/C No		PROPERTY BOOK No		
RECORD OF SUPPLEMENTARY CASH, ETC				
Date	Amount	IN or OUT	Supplementary property Book Folio No.	Initials of Officer in Charge

No:

Name:

Sentence:

years:

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 REMISSION**

Date	Days forfeited	Date	Days forfeited
Actual date of release			
Examined prior to release			

**PROGRESS IN STAGE**

Stage	Date	Remarks
		<b>TOTAL DAYS FORFEITED</b>

**PROGRESS IN STAGE**

Date	Offence	Punishment Awarded	Supt's Initials



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### 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

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### RECORD OF VISITS AND LETTERS

Date Due	Date Paid	Prices	Name and Relationship of Visitor

### WELFARE DETAILS AT RECEPTION BOARD

**Name :**

**Number :**

**Seen by Reception Board on :**

**at :**

<b>Sex :</b>		<b>Age :</b>	
<b>Married (or) Single :</b>		<b>Literate :</b>	
<b>Degree of education (school attended – standard reached) :</b>			
<b>Religion :</b>			
<b>Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) :</b>			
<b>History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :</b>			
<b>Note from previous records (if any re disciplinary offences, medical history special occurrences) :</b>			
<b>Recommendation regarding classification :</b>			
<b>Instructions reposition with any special recommendations from the Board :</b>			
<b>Number of children, sex, ages :</b>			
<b>Who are dependent members of prisoner's family and where are they living :</b>			
<b>What income is there :</b>			
<b>Do dependents of prisoner own land or property :</b>			
<b>Does the Board consider an investigation by Welfare Officer necessary :</b>			

**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 :**

**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
PARTICULARS OF AFTER – CARE				
