LONG SENTENCE PRISONER'S RECORD

Prisons Form 3

General Register No. KRC0000340/18		
Tribe		
Serial No.		
Name		

Place of Birth	
Age of Conviction	
Age of conviction	
Married or Single	
Number of Children (if any)	
Occupation when free	
Employed or not	

ddress at time of arrest (village)	
Parish)	
Sub County)	
County)	
District)	
ame and address of next of kin	

Relationship	
Tel. No. of next of Kin	
Place crime committed	
Date	
Court	

Sentence	
Standard of education	
	10000
Religion	
MEDICAL EXAMINATION ON RECEPTION	
enter your text here	

PARTICULARS OF AFTER CARE Date Medical officer STATEMENT SHOWING TRADE FOLLOWED AT EACH PRISON Prison Trade or occupation

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 un	idergone
DESCRIPTION OF PRISONER								
Date when Description	n taken	Build	Weight	Height	Complexion	Hair Ft.	Eye	Skin
			MEDICAL EXA	MINATION	ON RECEPTION			
enter your text here								
Head								
enter your text here								
	-							

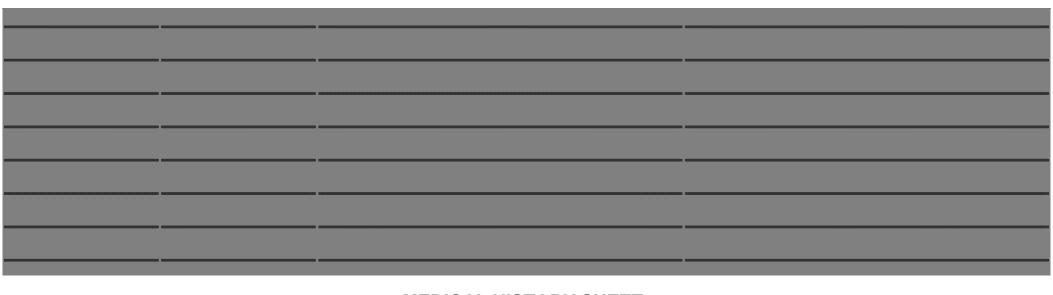
Right Side	
enter your text here	
Left Side	
enter your text here	
	PHOTOGRAPHS
	ON RECEPTION
	ON DISCHARGE (If Sentence Over 7 Years)

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 sucide 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

RECORDS OF SCHOOL AND CLASSES



MEDICAL HISTORY SHEET

Vaccinated	
Re-vaccinated	-
Has had smallpox	Fit to work asenter your text here
	Medical officer Prison
State of health, special, remarksenter your text here	Date
	(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	
AVC NO	
PROPERTY BOOK NO	

RECORD OF SUPPLEMENTARY CASH, E.T.C

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

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

Name

Sentence
wears
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				
	FORFEIT	URE 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
		RECORD OF PRISON OFFENCES	
Date	Offence	Punishment Awarded	Supt's initials

Date	Offence	Punishment Awarded	Supt's initials
	RECORD OF	PETITIONS, APPLICATIONS AND TRA	NSFERS
Date		Statement of Application	Reply

Date	Statement of Application	Reply
NEWS PAP	ERS REPORT OF TRIAL AND APPEAL (IF ANY)	
To be passed below) the title and date of the news papers a	and the name of the judge or magistrate of the court by whom the prisoner was	s 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

RECORD OF VISITS AND LETTERS

Date Due	Date Paid	Prison	Name and relationship of visitor

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		RECORD OF VISI	TS AND LETTERS
Date Due	Date Paid	Prison	Name and relationship of visitor

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		RECORD OF VIS	ITS AND LETTERS



Date Due	Date Paid	Prison	Name and relationship of visitor
		WELFARE DETAILS A	T 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 recon	nmendation from the board	
mondono reposting with any special recon		
		[continued overleaf]
	WELFARE DETAILS AT RECEPTION BOARD - CONTINUED	
	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 thous?
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		
Data		
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 Control of the C	
Sign of the	-
Signature	
	-
DISPOSAL ON RELEASE	

PARTICULARS OF AFTER-CARE