

LONG SENTENCE PRISONER'S RECORD

PRISION FORM 3

General Register
No: CENC0049/2018

Serial No: 49

Name : ressdfds dsfsdf dsfsf

Age on conviction 19

Place of birth : mmbnbnmbnm

Married or Single Separated

Occupation when
free : Doctor

Number of Children (if
any): 1

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

Date:

committed :

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
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**RECORD OF
PREVIOUS
CONVICTIONS****C.R.O No**

Station	Court	Place	Date	Crime	Name	Prisons in which Undergone
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DESCRIPTION OF PRISONER

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

HEAD

RIGHT SIDE

LEFT SIDE

PHOTOGRAPH

ON R ECEPTION	ON DISCHARGE (If sentence over 7 years)
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SPECIAL REMARKS

The following
are subject to
which special
attention
should be
called for the
information of
the
Authorities of
prisons, viz, a
administratio
ns or denials
of previous
convictions,
escapes or
attempts to
escape
specious
circumstance
s connected
with visits, co
rrespondence
, 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

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

		TOTAL DAYS FORFEITED	
PROGRESS IN STAGE			
Date	Offence	Punishment Awarded	Supt's Initials
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			
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 :	
Sex :		Age :	
Married (or) Single :		Literate :	
Degree of education (school attended – standard reached) :			
Religion :			
Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) :			
History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :			
Note from previous records (if any re disciplinary offences, medical history special occurrences) :			
Recommendation regarding classification :			

Instructions reposition with any special
recommendations from the Board :

Number of children, sex, ages :

Who are dependent members of prisoner's family
and where are they living :

What income is there :

Do dependents of prisoner own land or property :

Does the Board consider an investigation by Welfare
Officer necessary :

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	Licence Number	Date of Expired on Licence or Supervision	Destination

PARTICULARS OF AFTER – CARE