

LONG SENTENCE PRISONER'S RECORD			PRISION FORM 3	
General Register No:	CENC0000240/18		Serial No:	249
Name :	Martin kagimu		Age on conviction	51
Place of birth :	Kalungu		Married or Single	Married
Occupation when free :	Smuggler		Number of Children (if any):	0
Employed or not :	UnEmployed			
Address at time of arrest :	CHIEF			
	VILLAGE	Makulabin		
	GOMBOLOLA			
	AREA			
	DISTRICT	Kalungu		
Name and Address of next of kin :			Relationship :	Aunt
Crime of which convicted :	Advertisements for stolen property			
Place crime committed :			Date:	30-01-2001
Court :	High Court		Sentence :	30-01-2001
Standard of Education :	No school		Religion :	

## MEDICAL EXAMINATION ON RECEIPTION

, Height(feet.) :, Weight(Kg.) : , TB : , HIV : , Mental case :

Date : {check\_up\_date} Medical Officer : {medical\_officer}

COLOUR OF HAIR Brown Hairs

NATIONALITY Uganda

PLACE OF BIRTH Kalungu

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	Prison s in which Under gone
Central Region	High Court		30-01-2001	Advertisements for stolen property	Martin kagimu	Central Region

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weight	Height	Complexion	Hair	Eye	Skin
	Healthy		9 .0		Brown Hairs	Brown eyes	

DISTINCTIVE MARKS OF PRISONER	
HEAD	
RIGHT SIDE	
LEFT SIDE	

PHOTOGRAPH

ON RECEPTION

ON DISCHARGE(If sentence 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

### 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	{medical_officer}
Has had smallpox		Date	
State of health, special remarks	, Disease : , Diagonis : , Treatment :	(To be completed in case of Light Labour only)	

RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS

, Height(feet.) : , Weight(Kg.) : , TB : , HIV : , Mental case : , Other Disease :

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

, Height(feet.) : , Weight(Kg.) : , TB : , HIV : , Mental case : , Other Disease :

Examined prior to discharge – Remarks:

, Disease : , Diagonis : , Treatment :

Date :	30-01-2001	Medical Officer :	{medical_officer}
A/C No	UG/0000000112/18	PROPERTY BOOK No	UG/0000000112/18

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

<b>No:</b>	CENC0000240/18
<b>Name:</b>	Martin kagimu
<b>Sentence:</b>	
<b>years:</b>	{year}
<b>Period In days:</b>	{days}
<b>Date of commencement:</b>	30-01-2001
<b>Date due for periodical review:</b>	
<b>Date of expiration:</b>	
<b>Treated as appellant:</b>	
<b>Earliest possible date for release:</b>	10-10-2009
<b>Examined:</b>	
<b>Date:</b>	21-09-2018

FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
Actual date of release			

Examined prior to  
release

**PROGRESS IN STAGE**

Stage	Date	Remarks
Stage II	13-09-2017	Stage Assigned

**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
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**WELFARE DETAILS AT RECEIPTION BOARD**

<b>Name :</b>	Martin kagimu	<b>Number :</b>	CENC0000240/18
<b>Seen by Reception Board on :</b>	{}	<b>at :</b>	
<b>Sex :</b>	Female	<b>Age :</b>	51
<b>Married (or) Single :</b>	Married	<b>Literate :</b>	Yes
<b>Degree of education (school attended – standard reached) :</b>	No school		
<b>Religion :</b>			
<b>Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) :</b>	, Height(feet.) :, Weight(Kg.) :, TB : , HIV : , Mental case : , Other Disease :		
<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>	Star		
<b>Instructions reposition with any special recommendations from the Board :</b>			
<b>Number of children, sex, ages :</b>	{no_of_children_sex_ages}		
<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>			
<b>Has prisoner any salary or debts owing to him or property with police :</b>			
<b>Does prisoner, or his family own money as the result of his imprisonment :</b>			



Any further details :

Date :

Officer in charge :

### DISCHARGE BOARD SUMMARY

*To be completed three months before the month of discharge*

Prison :

Central Region

Name (In full) :

Martin kagimu

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