

LONG SENTENCE PRISONER'S RECORD			PRISION FORM 3	
General Register No:	CENC0000109/18		Serial No:	109
Name :	James. James.		Age on conviction	19
Place of birth :	Uganda		Married or Single	Married
Occupation when free :	Doctor		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:	
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	Prison s in which Under gone
Central Region			30-08-1996	Extent of jurisdiction of courts	James. James.	

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weigh t	Heigh t	Com plexi on	Hair	Eye	Skin
			.0				

DISTINCTIVE MARKS OF PRISONER	
HEAD	{head}
RIGHT SIDE	{right_side}
LEFT 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

<b>Vaccinated</b>		<b>Fit to work as</b>	
<b>Re-vaccinated</b>		<b>Medical officer</b>	
<b>Has had smallpox</b>		<b>Date</b>	
<b>State of health, special remarks</b>		<b>(To be completed in case of Light Labour only)</b>	

## RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL

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**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****No:**

CENC0000109/18

**Name:**

James. James.

**Sentence:**

{}

**years:**

{year}

**Period In days:**

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**Date of commencement:**

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**Date due for periodical review:**

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**Date of expiration:**

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**Treated as appellant:**

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**Earliest possible date for release:**

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**Examined:**

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**Date:**

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FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
Actual date of release			
Examined prior to release			

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PROGRESS IN STAGE		
Stage	Date	Remarks

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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

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RECORD OF VISITS AND LETTERS			
Date Due	Date Paid	Prices	Name and Relationship of Visitor

### WELFARE DETAILS AT RECEPTION BOARD

<b>Name :</b>	James. James.	<b>Number :</b>	CENC0000109/18
<b>Seen by Reception Board on :</b>		<b>at :</b>	
<b>Sex :</b>	Male	<b>Age :</b>	19
<b>Married (or) Single :</b>	Married	<b>Literate :</b>	

Degree of education (school attended – standard reached) :	Primary
Religion :	{pr_region}
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 :	{no_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) :**

James. James.

**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 :**

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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