	LONG SENTENCE PRISONER'S RECORD	
Prisons Form 3		
General Register No. KRC0000340/18		
Tribe		**********************
Serial No.		
Name		

Place of Birth		
Age of Conviction		

Married or Single		
Number of Children (if any)		

Occupation when free
Employed or not
Address at time of arrest (village)
(Parish)
(Sub County)

County)
District)
Name and address of next of kin
Relationship
el. No. of next of Kin

Place crime committed		
Date		
Date		
Court		
Sentence		

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

-	PARTICULARS OF AFTER CARE					
Date						
		Medical officer				
	STATEMENT SHO	OWING TRADE FOLLOWED AT EAC	H PRISON			
Prison	Date	Trade or occupation	Supt's initials			

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 undergone

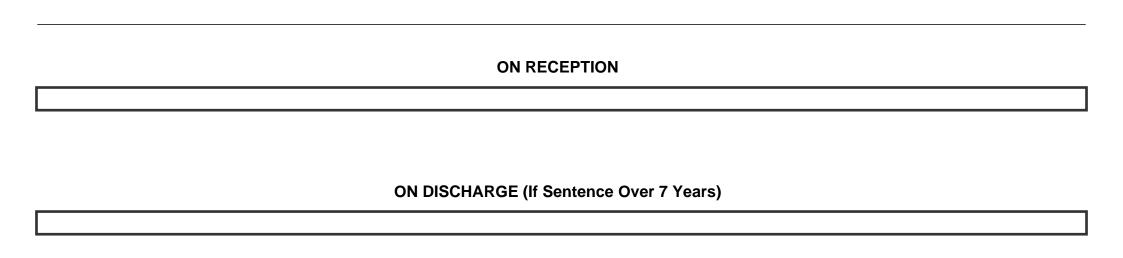
DESCRIPTION OF PRISONER

Date when Description taken	Build	Weight	Height	Complexion	Hair Ft.	Eye	Skin

MEDICAL EXAMINATION ON RECEPTION

enter your text here		
Hand		
Head		
onter your text here		
enter your text here		
Right Side		
enter your text here		
Left Side		
enter your text here		

PHOTOGRAPHS

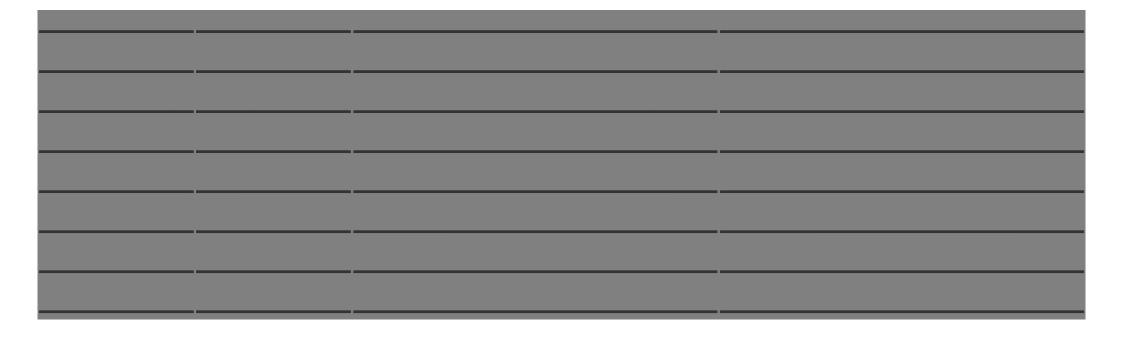


SPECIAL REMARKS

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

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
	Dete
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

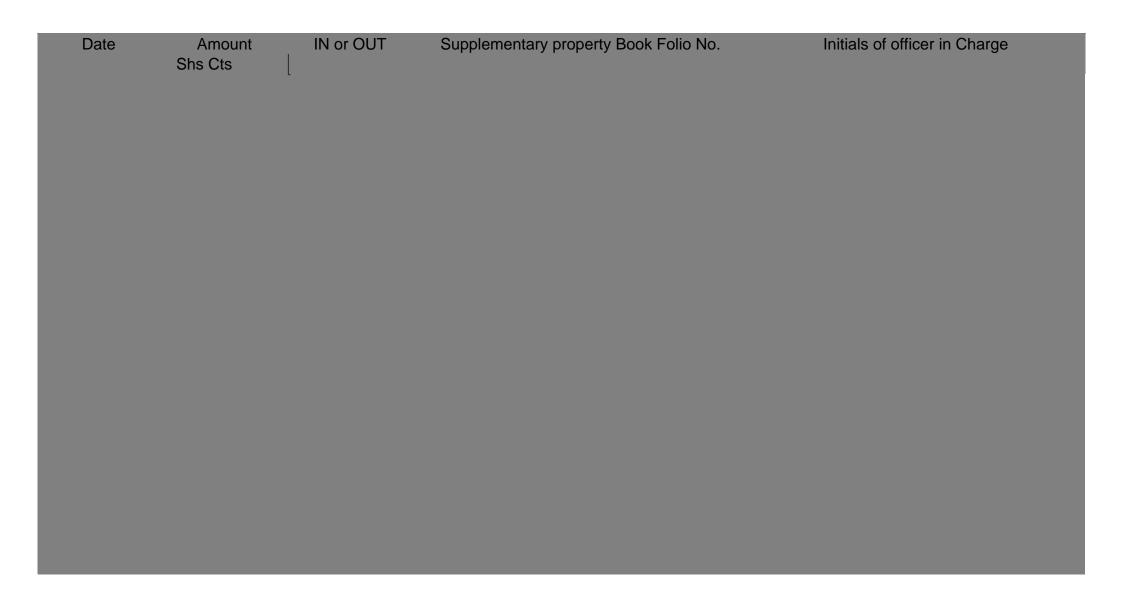
enter your text here

							[continued overleaf]
	Record of a	ıdmission to	o hospital, ad	ccident, sp	ecial exami	nations-cont	inued
enter your text he	ere						
		EXAMIN	ATION PRIOR	TO DISCHA	RGE-REMAR	KS	

enter your text here
Date
Medical Officer
Prison
A/C no
PROPERTY BOOK NO

RECORD OF SUPPLEMENTARY CASH, E.T.C

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



lame
Sentence
ears
nonths
lavied in days
Period in days

Date of commencement
Date due for periodical review
Date of expiration
Treated as appellant
Earliest possible date for release
Examined

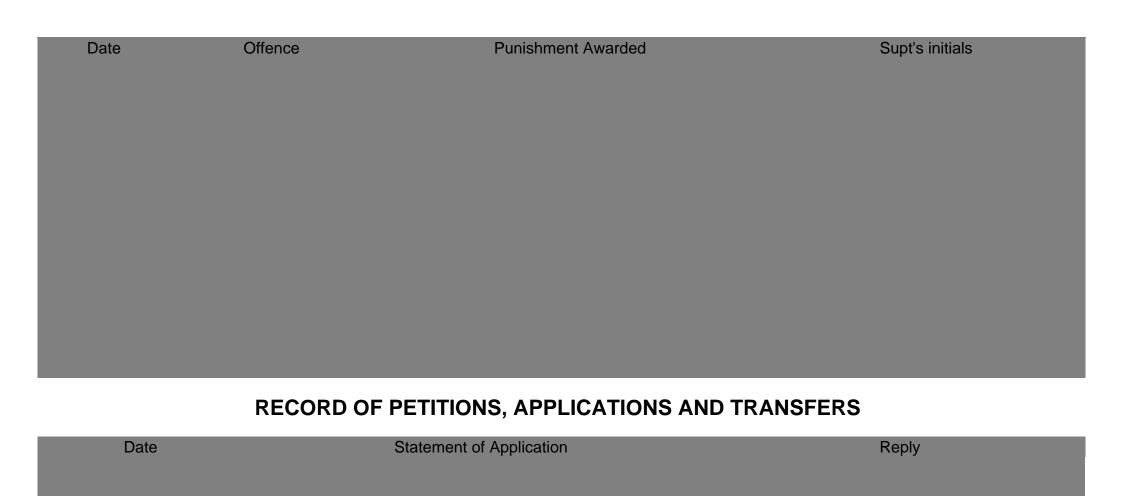
ate			
	FORFEITUR	E OF PERMISSION	
Date	Days forfeited	Date	Days forfeited
ctual date of release			
xamined prior to release			

PROGRESS IN STAGE

Stage	Date	Remarks
		Total Days Forfeited

RECORD OF PRISON OFFENCES

Offence	Punishment Awarded	Supt's initials
	Offence	Offence Punishment Awarded



Date	Statement of Application	Reply
NEWS PAPE	RS REPORT OF TRIAL AND APPEAL (IF ANY)	

(To be passed below) the title and date of the news papers and the name of the judge or magistrate of the court by whom the prisoner was 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 he	ere			
		RECORD OF VIS	ITS AND LETTERS	
Date Due	Date Paid	Prison	Name and relationship of v	visitor

Data Dua	Data Daid	Drings	Name and valationals of visitar
Date Due	Date Paid	Prison	Name and relationship of visitor
		RECORD OF VISITS	S AND LETTERS
Date Due	Date Paid	Prison	Name and relationship of visitor

Date Due Date Paid Prison Name and relationship of visitor	

Date Due Date Paid Prison Name and relationship of visitor **RECORD OF VISITS AND LETTERS**

Date Due Date Paid Prison Name and relationship of visitor

Date Due	Date Paid	Prison	Name and relationship of visitor

Date Due	Date Paid	Prison	Name and relationship of visitor
Name	WEL	FARE DETAILS AT RECEPTION	BOARD
Number			
Seen by Reception	n 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) provious action taken by pricen authorities is after ears
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 recommendation from the board	
	[continued overleaf

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?
who are dependant members of prisoner's family and where are they now living:

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
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					
		Superinter	ndent		
					[continued everleef]
					[continued overleaf]
	Disch	harge board sun	nmary-continue	d	
	Disci	narge board 3dir	illiary continue	·	

Superintendent's opinion and recommendation
Date
Superintendent
Capoliniona di la capoliniona
Discharge Interview

(To be filled by D.P.A.S. representative unless other instructions are given)

ddress on discharge	
/hat he wishes to do	
elp required	

To see welfare officers or labour exchange
Appearance
Date
Signature

DISPOSAL ON RELEASE

Date	Whether on licence, under supervision pardon, remission, or expiration of sentence or death, etc	Licence number	Date of expiration licence on of licence number of supervision	Destination	

PARTICULARS OF AFTER-CARE