

## LONG SENTENCE PRISONER'S RECORD

## PRISION FORM 3

General Register No:

CENC0000307/18

Serial No:

317

Name :

OMTEN sdasdasd

Age on conviction

69

Place of birth :

Married or Single

Divorced

Occupation when free :

Artist

Number of Children (if any):

0

Employed or not :

UnEmployed

Address at time of arrest :

CHIEF

VILLAGE

GOMBOLOLA

AREA

DISTRICT

Name and Address of next of kin :

Relationship :

Crime of which convicted :

Abduction

Place crime committed :

Date:

01-10-2018

Court :

Chief Magistrate Court

Sentence :

01-10-2018

Standard of Education :

No school

Religion :

Apparent1

## MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :	
COLOUR OF HAIR			
NATIONALITY	Uganda		
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	Chief Magistrat e Court		01-10-20 18	Abductio n	OMTEN sdasdasd	Central Region

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weig ht	Heig ht	Com plexi on	Hair	Eye	Skin
			.0				

DISTINCTIVE MARKS OF PRISONER	
HEAD	
RIGHT SIDE	
LEFT SIDE	

PHOTOGRAPH	
ON RECEPTION	ON DISCHARGE(If sentence over 7 years)



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	UG/0000000119/18	PROPERTY BOOK No	UG/0000000119/18

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

No:	CENC0000307/18
Name:	OMTEN sdasdasd

<b>Sentence:</b>	5 years , 5 months, 5
<b>years:</b>	5
<b>Period In days:</b>	5 days
<b>Date of commencement:</b>	01-10-2018
<b>Date due for periodical review:</b>	
<b>Date of expiration:</b>	
<b>Treated as appellant:</b>	
<b>Earliest possible date for release:</b>	24-05-2022
<b>Examined:</b>	
<b>Date:</b>	17-10-2018

FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
<b>Actual date of release</b>			
<b>Examined prior to release</b>			
<div>PROGRESS IN STAGE</div>			

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

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

<b>Name :</b>	OMTEN sdasdasd	<b>Number :</b>	CENC0000307/18
<b>Seen by Reception Board on :</b>	{seen_by_reception}	<b>at :</b>	
<b>Sex :</b>		<b>Age :</b>	69
<b>Married (or) Single :</b>	Divorced	<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>			
<b>History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :</b>			



**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 :**

Star

**Officer in charge :**

### DISCHARGE BOARD SUMMARY

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

**Prison :**

**Name (In full) :**

**Superintendent :**

**Former employment :**

Central Region

OMTEN sdasdasd

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

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<b>PARTICULARS OF AFTER – CARE</b>
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