

# Self Inflicted Death

# Form 6

## Office use only

Thompsons

POA

LA/

Name of Establishment:

Name of Deceased:

Prison Number of Deceased:

## Prisoner Details

Date of Birth:

Was the prisoner? on remand

awaiting sentence

convicted

*(Please tick as appropriate).*

Has a date been set for the inquest?

Yes

No

If so, when will this take place?

What is the name and address of the local Coroners Court /Coroners Officer?

Date and time of death:

Where found?

Who was the prisoner found by?

Was the prisoner on a special watch?

Yes

No

Do you believe that there will be a conflict of interest between the position of the POA members involved and the Prison Service which will mean that separate representation will be needed? If so please briefly state why you believe there will be a conflict.

List the names and membership numbers of staff who were or who may be involved: