

IS.91RA Part C: Supplementary Information to S.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name:			CID:		
D.O.B		Nationality		Sex	Male

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

Will this individual comply with removals directions?

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued. (** delete as appropriate*)
- You may also wish to consider whether a change of detention location is appropriate.

Signed: _____ Print name: _____ Date: _____

For Completion by DEPMU/MODCU

- This detainee's location does/does not (*delete as appropriate*) need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: **Yes/No**

Signed: _____ Print name: _____ Date: _____

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (UKBA and Contractors/Prison Service)
- UKBA Office/Unit dealing with case