

TRANSFER FORM
FOR A CHANGE OF CHILD'S PLACEMENT.

NAME [REDACTED]

D.O.B. [REDACTED] 1976

FROM H.M. Prison,
..... La Moye,
..... St. Brelade.
.....

TO [REDACTED]

WITH 3rd June, 1994

EFFECT
FROM

SIGNATURE *[Signature]* DATE 13.6.94

Our Ref:
This child ceased to be boarded out with Mrs. on
..... Will you please cease the weekly/monthly payment of
£ with effect from that date?

Our Ref:
Please pay ~~XXX~~ [REDACTED] a weekly amount of £ 60.41/ on
a monthly basis by cheque, commencing 3rd June, 1994 and debit
vote: 469254 EWFB00.

Dear ~~XXX~~ [REDACTED] Thank you very much for agreeing to care
for [REDACTED] Please note that the boarding out allow-
ance can be collected weekly from the States Treasury, Cyril Le Marquand
House, The Parade, St. Helier./will be remitted to you on a monthly basis.

History Sheet ✓ Index Card ✓ Black Book ✓