

**Sanction Outcome**

To: Name  
Location  
Tel No  
Fax No

From: Name  
Location  
Tel No  
Fax No  
Date sent

**Customer Details**

Name in full

Address

Date of Birth

NINO:

**Partner's Details**

Name in full

Address if  
different from  
Customers

Date of Birth

NINO:

Reference No:

Following the investigation into the above named person's claim to following outcome on FRAIMS

please record the

**Prosecution**

Court type

Number of charges

Plea

Sentence

Date offence started

Act under

Benefits in payment

Offence

Imprisonment Yes/No (delete as appropriate)

Verdict date

Outcome

Amount of Fine

Costs

For Jobcentre Plus add number of TICs

Overpayment Start Date

Overpayment End Date

**Formal/Administrative Caution**

Date accepted

Benefits in payment

Offence

Amount of overpayment

Overpayment start date

Overpayment end date

**Administrative Penalty**

Date accepted

Benefits in payment

Offence

Overpayment start date

Overpayment end date

Amount of overpayment

Amount of Administrative Penalty

Signed

Position

Name (BLOCK CAPITALS)

Date