**BraveHeart Initiative for Youth & Women**

**Informing, Empowering & Developing . . .**

**Contact: +234 7061910869, 07036354788, 07033733538 E-mail:** [**braveheartinitiative@yahoo.com**](mailto:braveheartinitiative@yahoo.com)**,** [**info@braveheartinitiative.org**](mailto:info@braveheartinitiative.org)

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**WEBSITE: www.braveheartinitiative.org**

**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TYPE:……………………………………………………………………………………………….**

***CASE TYPE classification by BHI include - Sexual Harassment, Sexual Exploitation, Attempted Rape, Rape, Gang Rape, Incest, Indecent Assault, Stalking, Physical Assault, Gang Beating, Attempted Murder, Murder, FGM, Spousal Threat, Spousal Battery, Spousal Neglect, Spousal Abandonment, Spousal Abduction, Intimate Partner Assault, Child Neglect, Child Abandonment, Child Abduction, Denial of Access to Child, Denial of Child Paternity, Neglected Pregnancy, Missing Child, Human Trafficking.***

**CASE TITLE: -**

**INCIDENCE CODE: -**

**SERVICE CODE: -**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**SURVIVOR INFORMATION:**

**CHANNEL USED IN CONTACTING BHI ……………………………………………………………………………………..**

**(Hint: Hotline, E-mail, walk-in, Whatsapp, Referred, Others)**

**NAME OF SURVIVOR/VICTIM: ………………………………………………………………………………………………….**

**AGE & SEX OF SURVIVOR/VICTIM: ……………… PHONE NO OF SURVIVOR/VICTIM: …………………………….**

**NAME & PHONE NO OF SURVIVOR/VICTIM PROXY: ………………………………………………………………………**

**CONTACT ADDRESS OF SURVIVOR/VICTIM (landmark): ………………………………………………………………..**

**………………………………………………………………………………..………………………………………………………**

**EMPLOYMENT STATUS ……………………………………………………………..………………………………………**

**(Hint: currently employed, self-employed, unemployed, student, not reported)**

**OCCUPATION OF SURVIVOR/VICTIM: ………………………………………………………………………………………..**

**ESTIMATED AVERAGE INCOME OF SURVIVOR: …………………………………………………………………………..**

**EDUCATIONAL STATUS OF SURVIVOR/VICTIM: …………………………………………………………………………..**

**EDUCATIONAL STATUS OF PARENT/GUARDIAN …………………………………………………………………………..**

**SPECIFIC ATTRIBUTE OF SURVIVOR/VICTIM: ……………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………..**

**DOES THE SURVIVOR LIVE ALONE? ………………………………………………………………………………………….**

**WHO DOES THE SURVIVOR LIVE WITH? ……………………………………………………………………………………**

**RELATIONSHIP TO SUSPECT: …………………………………………………………………………………………………**

**PHOTOGRAPH OF SURVIVOR/VICTIM…………………………………………………………………………………….**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE……………………………………………………………………………………………….**

**COMPLAINANT INFORMATION (2):**

**NAME OF COMPLAINANT: ………………………………………………………………………………………………………**

**PHONE NO OF COMPLAINANT: ………………………………………………………………………………………………..**

**RELATIONSHIP WITH SURVIVOR: ……………………………………………………………………………………………**

**DATE (DAY/MONTH/YEAR) INCIDENT WAS REPORTED TO BHI: …………………………………………………….**

**TIME INCIDENT WAS REPORTED TO BHI: …………………………………………………………………………………**

**DATE (DAY/MONTH/YEAR) AND TIME INCIDENT WAS DOCUMENTED AT BHI: ……………………………………**

**PRELIMINARY CONTACT PERSON AT BHI: ……………………………………………………………………………….**

**CASE WORKER (S) ASSIGNED AT BHI: ………………………………………………………………………………………**

**INCIDENT FORMALLY REPORTED BY ……………………………………………………………………………………**

**PHONE NO OF REPORTER: ………………………………………………………………………………………...**

**Non-Disclosure of reporter’s identity is allowed.**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**CASE INVESTIGATION:**

**DATE (DAY/MONTH/YEAR) INCIDENT OCCURRED: ……………………………………………………………………..**

**TIME OF THE DAY INCIDENT OCCURRED: ………………………………………………………………………………..**

**ACTUAL LOCATION OF INCIDENT ……………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………..**

**(Hint: Survivor’s/Victim’s Home, Perpetrator’s house, Bush/forest, Road, School, Place of Work. If others, specify)**

**ADDRESS WHERE INCIDENT OCCURRED (Landmark):**

**……………………………………………………………………………………………………………………………………………**

**……………………………………………………………...…………………………………………………………………………….**

**……………………………………………………………...…………………………………………………………………………….**

**COMMUNITY INCIDENT OCCURED: ………………………….**

**LGA & STATE INCIDENT OCCURRED: ……………………….**

**WARD INCIDENT OCCURRED: …………………………………**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**SUSPECTS INFORMATION**

**NUMBER OF SUSPECT(S) ………………………………………………**

**NAME OF SUSPECT (S): …………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………….**

**AGE & SEX OF SUSPECT: ……………………………**

**OCCUPATION OF SUSPECT: ………………………. EDUCATIONAL STATUS OF SUSPECT: ……………………………**

**CONTACT ADDRESS OF SUSPECT: ……………………………………………………………………………………………….**

**PHONE NO OF SUSPECT: …………………………………………………………………………………………………………..**

**Obtain suspect’s photo and attach behind.**

**SPECIFIC ATTRIBUTE OF SUSPECT: …………………………………………………………………………………………….**

**PREVIOUS CRIMINAL RECORD OF SUSPECT: …………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**IS THE PERPETRATOR A CONTINUOUS THREAT? ……………………………………………………………………………**

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**CASE TITLE:……………………………………………………………………………………………….**

**CASE INVESTIGATION:**

**DATE (DAY/MONTH/YEAR) & TIME INCIDENT WAS REPORTED TO (FAMILY): ………………………………………**

**DATE (DAY/MONTH/YEAR) & TIME INCIDENT WAS REPORTED TO (FRIEND, NEIGHBOUR): ……………………..**

**DATE (DAY/MONTH/YEAR) & TIME INCIDENT WAS REPORTED TO (TEACHER, PASTOR): …………………………**

**DATE (DAY/MONTH/YEAR) & TIME INCIDENT WAS REPORTED TO VIGILANTE: …………………………………**

**DATE & TIME VIGILANTE RESPONDED TO THE REPORT: ……………………………………………………………….**

**PRELIMINARY CONTACT VIGILANTE: ……………………………………………………………………………………….**

**ADDRESS OF VIGILANTE GROUP: ………………………………………………………………………………………………**

**DATE (S) & TIME (S) VIGILANTE INVITED OR APPREHENDED SUSPECT (S) : ………………………………………..**

**DATE & TIME VIGILANTE HANDED OVER SUSPECTS TO THE POLICE : ………………………………………………**

**BREAKDOWN OF EXPENSE INCURRED BY VIGILANTE’S INTERVENTION:……………………………………………**

**……………………………………………………………………………………………………………………………………………**

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**CASE TITLE:……………………………………………………………………………………………….**

**CASE INVESTIGATION:**

**DATE (DAY/MONTH/YEAR) & TIME INCIDENT WAS REPORTED TO POLICE: ………………………………………….**

**DATE & TIME CASE WAS INCIDENTED BY THE POLICE: …………………………………………………………………..**

**DATE & TIME INVESTIGATING POLICE OFFICER WAS ASSIGNED: ………………………………………………………**

**DATE & TIME POLICE ISSUED MEDICAL REQUEST FORM: ………………………………………………………………..**

**DATE & TIME STATEMENT WAS OBTAINED BY THE POLICE: ……………………………………………………………**

**DATE & TIME CRIME SCENE WAS VISITED BY THE POLICE: …………………………………………………………….**

**DATE (S) & TIME (S) ARREST WAS MADE BY THE POLICE: ……………………………………………………………….**

**DATE & TIME POLICE OBTAINED MEDICAL REPORT: ……………………………………………………………….**

**NAME OF POLICE STATION: ……………………………………………………………………………………………………**

**NAME OF PRELIMINARY IPO: …………………………………….. NO OF PRELIMINARY IPO: ………………………**

**NAME AND PHONE NO OF DIVISIONAL CRIME OFFICER (DCO): …………………………………………………………**

**NAME AND PHONE NO OF DIVISIONAL POLICE OFFICER (DPO):………………………………………………………….**

**BREAKDOWN OF EXPENSE INCURRED AT DIVISIONAL POLICE STATION:……………………………………………**

**……………………………………………………………………………………………………………………………………………**

**DATE (DAY/MTH/YR) INCIDENT WAS REPORTED TO PUBLIC HEALTH FACILITY: ………………………………….**

**TIME INCIDENT WAS REPORTED TO PUBLIC HEALTH FACILITY: …………………………………………………......**

**DATE & TIME INCIDENT WAS DOCUMENTED AT PUBLIC HEALTH FACILITY: ………………………………………**

**DATE & TIME SURVIVOR RECEIVED INITIAL MEDICAL SERVICE: …………………………………………………......**

**DATE & TIME SURVIVOR WAS EXAMINED BY MEDICAL DOCTOR: …………………………………………………......**

**DATE & TIME PUBLIC HEALTH FACILITY ISSUED MEDICAL REPORT: …………………………………………………**

**NAME & ADDRESS OF PUBLIC HEALTH FACILITY: …………………………………………………………………………**

**NAME & PHONE NO OF CONTACT PERSON AT THE HEALTH FACILITY: ………………………………………………**

**BREAKDOWN OF EXPENSE INCURRED AT THE PUBLIC HEALTH FACILITY:…………………………………………**

**……………………………………………………………………………………………………………………………………………**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**CASE INVESTIGATION:**

**IN CASE OF REFERRAL FOR MEDICAL SERVICE**

**TYPE OF MEDICAL SERVICE: …………………………………………………………………………………………………….**

**PURPOSE OF REFERRAL: ………………………………………………………………………………………………………….**

**DATE & TIME OF REFERRAL: …………………………………………………………………………………………………….**

**NAME & ADDRESS OF NEW HEALTH FACILITY: ……………………………………………………………………………..**

**NAME & PHONE NO OF CONTACT PERSON AT THE NEW HEALTH FACILITY: ……………………………………….**

**BREAKDOWN OF EXPENSE INCURRED AT NEW HEALTH FACILITY:…………………………………………**

**……………………………………………………………………………………………………………………………………………**

**IN CASE OF REFERRAL FOR OTHER SERVICES**

**TYPE OF SERVICE: …………………………………………………………………………………………………………………..**

**PURPOSE OF REFERRAL: ………………………………………………………………………………………………………….**

**DATE & TIME OF REFERRAL: ……………………………………………………………………………………………………..**

**NAME & ADDRESS OF REFERRED INSTITUTION: …………………………………………………………………………....**

**NAME & PHONE NO OF CONTACT PERSON AT THE INSTITUTION: …………………………………………………….**

**DATE CASE WAS TRANSFERRED TO SCIID: …………………………………………………………………………………**

**TIME CASE WAS INCIDENTED AT SCIID: ……………………………………………………………………………………..**

**DEPARTMENT IN SCIID ASSIGNED TO THE CASE: …………………………………………………………………………**

**TIME STATEMENTS WERE OBTAINED AT SCIID: …………………………………………………………………………..**

**NAME OF IPO AT SCIID: ……………………………… PHONE NO OF IPO AT SCIID: ……………………………………**

**NAME & PHONE NO OF DEPARTMENTAL OC AT SCIID: ………………………………………………………………….**

**DATE & TIME CRIME SCENE WAS VISITED BY SCIID OFFICERS: ………………………………………………………**

**DATE (S) FOR ADDITIONAL VISITS TO SCIID (IF APPLICABLE): ………………………………………………………..**

**NAME & PHONE NO OF CONTACT PERSON AT LEGAL DEPT, SCIID: ………………………………………………….**

**BREAKDOWN OF EXPENSE INCURRED AT SCIID:…………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………..…**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**CASE PROSECUTION:**

**DATE CASE WAS FILED WITH DPP – MINISTRY OF JUSTICE: …………………………………………………………….**

**NAME & PHONE NO OF CONTACT PERSON – MINISTRY OF JUSTICE: ………………………………………………….**

**DATE CASE WAS ARRAIGNED IN COURT: ……………………………………………………………………………………**

**NAME & LOCATION OF COURT: ………………………………………………………………………………………………..**

**NAME & CONTACT NO OF REGISTRAR: ………………………………………………………………………………………**

**NAME & CONTACT NO OF PROSECUTOR/ STATE COUNSEL: …………………………………………………………..**

**Ensure to facilitate case file duplication at SCIID and DPP. Obtain copies of Charge Sheet as well as statements of oath!!**

**WITNESSES:**

**NAME OF WITNESS 1: ……………………………………………… PHONE NO:…………………………………………….**

**NAME OF WITNESS 2: ……………………………………………… PHONE NO: …………………………………………….**

**NAME OF WITNESS 3: ……………………………………………… PHONE NO:…………………………………………….**

**NAME OF WITNESS 4: ……………………………………………… PHONE NO: …………………………………………….**

**NAME OF WITNESS 5: ……………………………………………… PHONE NO: …………………………………………….**

**NAME OF WITNESS 6: ……………………………………………… PHONE NO: …………………………………………….**

**NAME OF WITNESS 7: ……………………………………………… PHONE NO: …………………………………………….**

**SUMMARY OF EXHIBITS: -**

**Attach Pictures**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**CASE PROSECUTION:**

**Summary report on case arraignment and plea -**

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------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**Proof of Evidence (Liaise with legal adviser)**

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**CASE TITLE:……………………………………………………………………………………………….**

**CASE PROSECUTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **COURT SITTING TRACKER** | | | |
| **S/N** | **DATES OF COURT SITTINGS** | **S/N** | **DATES OF COURT SITTINGS** |
| **1** |  | **26** |  |
| **2** |  | **27** |  |
| **3** |  | **28** |  |
| **4** |  | **29** |  |
| **5** |  | **30** |  |
| **6** |  | **31** |  |
| **7** |  | **32** |  |
| **8** |  | **33** |  |
| **9** |  | **34** |  |
| **10** |  | **35** |  |
| **11** |  | **36** |  |
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| **20** |  | **45** |  |
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| **22** |  | **47** |  |
| **23** |  | **48** |  |
| **24** |  | **49** |  |
| **25** |  | **50** |  |

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE TITLE:……………………………………………………………………………………………….**

**CASE PROSECUTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WITNESSES TRACKER** | | | |
| **S/N** | **DATES OF COURT SITTINGS** |  | **WITNESS** |
| **1** |  |  |  |
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Remarks

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE SUMMARY BY CASE WORKER (1)**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE SUMMARY BY CASE WORKER (2)**

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Attach survivor or victim’s written statement as well as that of other witnesses. Also attach audio recordings.

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**CASE REFERALL DETAILS BY CASE WORKER (If Applicable)**

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**BraveHeart Initiative for Youth & Women**

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**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Medical Services (1)**:

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Medical Services (2)**:

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**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Medical Services (3)**:

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

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| --- | --- | --- | --- |
| **MEDICAL SERVICES TRACKER** | | | |
| **S/N** | **DATES OF MEDICAL CHECK-UP** | **S/N** | **DATES OF MEDICAL CHECK-UP** |
| **1** |  | **26** |  |
| **2** |  | **27** |  |
| **3** |  | **28** |  |
| **4** |  | **29** |  |
| **5** |  | **30** |  |
| **6** |  | **31** |  |
| **7** |  | **32** |  |
| **8** |  | **33** |  |
| **9** |  | **34** |  |
| **10** |  | **35** |  |
| **11** |  | **36** |  |
| **12** |  | **37** |  |
| **13** |  | **38** |  |
| **14** |  | **39** |  |
| **15** |  | **40** |  |
| **16** |  | **41** |  |
| **17** |  | **42** |  |
| **18** |  | **43** |  |
| **19** |  | **44** |  |
| **20** |  | **45** |  |
| **21** |  | **46** |  |
| **22** |  | **47** |  |
| **23** |  | **48** |  |
| **24** |  | **49** |  |
| **25** |  | **50** |  |

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**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Legal Services (1):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Legal Services (2):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Legal Services (3):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Legal Services (4):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Legal Services (5):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Psycho-Social and SocioEconomic Services (1):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**BHI’S INTERVENTIONS - UPDATES BY THE CASE WORKER**

**Psycho-Social and SocioEconomic Services (2):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**COMPRHENSIVE REPORT BY CASE MANAGER (1):**

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**COMPRHENSIVE REPORT BY CASE MANAGER (2):**

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**PRESS RELEASE ON COURT VERDICT: Highlights**

***Attach copy of the press statement***

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**SEXUAL & GENDER BASED VIOLENCE (SGBV) CASE MANAGEMENT PACKAGE**

**EXECUTIVE DIRECTOR’S REMARKS ON CASE CLOSURE:**

**CASE LESSONS FOR BHI: -**

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**NAME (S) AND PHONE NUMBER OF CASE WORKER (S):**

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**……………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………**

**HAS THE CASE BEEN CLOSED? ………………………………………………………………………………………………..**

**WHO CLOSED THE CASE? ………………………………………………………………………………………………………..**

**DATE WHEN CASE CLOSED (DAY/MONTH/YEAR) ……………………………………………………………………………**

**NAME OF CASE MANAGER:** ------------------------------------------------**PHONE NO OF CASE MANAGER:** --------------------

**EMAIL OF CASE MANAGER:** ---------------------------------------------- **SIGNATURE OF CASE MANAGER:** --------------------

**NAME & SIGNATURE OF EXECUTIVE DIRECTOR: ………………………………………………………………………….**