

FORME MENSUAL DE ATENCIÓN DE CASOS



Correspondiente al mes de: Febrero 2018		Fecha de Presentación: 06-03-2018		MUNICIPIO: Ita		Dirección:		Correo:		Teléfono:													
Nro. Expediente	Fecha Recepción	REQUERIMIENTO	POBLACION ATENDIDA			REQUERIENTE			REQUERIDORA			ACCIÓN DISPUESTA	Estado del Caso										
			M	F	E	EDAD	MG	M	P	OF	NNA			NF	S/D	O.I	M	P	M.D	P.D	OF	NF	
2944/18/80	12-02-18	L2	X	X	X	13-14-17																OYC	2.
2942/18/80	12-02-18	C B2	X	X	X	13-14-17																OYC	2.
2930/18/80	13-02-18	C	X	X	X	13-14-17																OYC	2.
2841/18/80	13-02-18	E	X	X	X	13-14-17																OYC	2.
2934/18/80	13-02-18	C	X	X	X	13-14-17																OYC	2.
2934/18/80	13-02-18	C	X	X	X	13-14-17																OYC	2.
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2934/18/80	13-02-18	C</																					

