



**NATIONAL AGENCY FOR THE PROHIBITION OF
TRAFFICKING IN PERSONS (NAPTIP)**

SUSPECTED TRAFFICKER'S DATA FORM

ID NUMBER: (*file number*):.....



A. PERSONAL DATA

1. Surname:.....
2. Other Names
3. Alias (a.k.a)
4. Date of birth:
5. Age:
6. Sex
7. Religion: Muslim Christian Pegan
8. Place of Birth:
9. Town/Village:
10. Local Government Area.....
11. State:
12. Country:
13. Place of Residence:
14. Current address:
15. Permanent address:
16. Email
17. Telephone number:
18. State:
19. Tribe:
20. Nationality.....

21. Number of Language(s) spoken
22. Special peculiarities:
23. Height.....
24. Complexion
25. Weight:
26. Highest educational qualification
27. Last School Attended
28. Vocational skills:
29. Marital status: Single Married Divorced
30. Have you ever been arrested before by any law enforcement agents?
Yes No
31. If yes, Who?
Police Immigration DSS EFCC
ICPC NCDCSC Others:
32. Why?
33. When?
34. Where?
35. Were you convicted? Yes No
36. Have you ever been stopped from traveling? Yes No
37. If yes, Who? Police Immigration
38. Why?
39. When?
40. Where?
41. Have you ever been refused entry? Yes No
42. If yes, Who? Police Immigration Others:

43. Why?
44. When?
45. Where?
46. Have you ever been deported before? Yes No
49. If yes, Who? Police Immigration Others:
48. Why?
49. When?
50. Where?
51. Have you ever been returned from a foreign country before? Yes No
52. If yes, do you have a valid document? Yes No
53. If No valid document, how were you deported? Voluntary forced

2. ASSETS

54. Type of property owned: (multiple selection) House, land, Automobiles, Animal
55. Location of the house?
56. Location of the land?
57. Value of the house?
58. Value of the land?
59. Description of the house:
60. Description of the land:
61. Any jointly owned property? Yes No
62. If yes, where?
63. Value:
64. Description:
65. Cash worth:
66. Bank account:

67. Stock:

68. Bond:

3. FAMILY BACKGROUND

69. Name of father:.....

70. Age:.....

71. Is your father living or dead? Yes No

72. Religion: Muslim Christian Pegan

73. Current Address:.....

74. Permanent address:

75. Email:

76. Telephone number:

77. Educational Qualification:.....

78. Occupation:.....

79. Number of wives 1 2 3 4

80. Name of Mother:.....

81. Age:.....

82. Is your Mother living or dead? Yes No

83. Religion: Muslim Christian Pegan

Others:

84. Current Address:.....

85. Permanent address:

86. Email:

87. Telephone number:

88. Educational Qualification:.....

89. Occupation:.....
90. Are you living with your parent? Yes No
91. If No give detail of guardian
92. Name of guardian
93. Address of guardian
94. Current address
95. Permanent address:
96. Email:
97. Telephone number:
98. Educational Qualification:.....
99. Occupation:.....
100. Number of children in the family:
101. Position of the victim in the family:
102. Are your parents living together? Yes No
103. Do you have a good relationship with your parents? Yes No
104. If No state why?:
105. What is the date of last contact with family:
106. By what means did you make the contact? Letter Phone Others:
107. Do you have any body living abroad? Yes No
108. If yes, which country?
109. Relationship:
110. National ID Number:
111. Driver's License Number:
112. Passport Number (Local or International):

4. RECRUITMENT STAGE

113. How did you come in contact with the victim?

114. What did you offer the victim?

115. How did you procure travel documents for the victims?

116. Who else work with you?

1. Name:

Age:.....

Religion: Muslim Christian Pagan Others:

Address:

Current address:

Permanent Home address:

Telephone number:

2. Name:

Age:.....

Religion: Muslim Christian Pagan Others:

Address:

Current address:

Permanent Home address:

Telephone number:

3. Name:

Age:.....

Religion: Muslim Christian Pagan Others:

Address:

Current address:

Permanent Home address:

Telephone number:

4. Name:

Age:.....

Religion: Muslim Christian Pagan Others:

Address:

Current address:

Permanent Home address:

Telephone number:

117. Was there any contract agreement between you and victims? Yes No

118. If yes, what are the terms of agreement?

119. What offer did you make to the parents/guardian?

5. TRANSPORTATION & ROUTES:

List all modes of transportation used in transporting victims.

120. BY LAND

Motorcycle (Okada, Achaba) Bicycle Car

Bus Train Trekking

Animal

121. BY AIR: Plane

122. BY SEA

Boat Canoe Ship

123. Name of Carrier

124. What were the town and villages you passed?.....

125. Who organized the trip?

126. Who paid for the trip?
127. Address:
128. Phone number:
129. What is the your relationship with the sponsor/agents?.....
130. Where did you spend the night?
131. Address:
132. Owner:
133. Telephone Number:
134. Where did you sleep?
135. Where did you eat?
136. How long was the trip?.....
137. How did you cross the border? (if applicable).....
- With the help of law enforcement agent
- Community leader
- Others specify:
138. Which people did you come in contact with?.....
-
139. What did you ask the victims to do during transportation?

6. DESTINATION

140. Where was your intended destination?
140. How many victims started the journey?
141. How many arrived safely?.....
142. What happen to the rest who did not arrive?
143. What is your physical/ health state when you arrived?

144. Where were you keep the victims on arrival?.....
145. Where did you stay?.....
146. Who owns the place?.....
147. What did you do with the victim on arrival?
148. Did you receive payment for the victims?
149. What did you have the victims do?
150. Did you pay them?
151. How much?
152. How often?

7. CONTROL MECHANISM

153. What did you do with the victims travel documents? (if any) Yes No
154. Where are the documents now?
155. Did you have the victims swear an oath? Yes No
156. If yes, Where?
157. How?
158. By whom?
159. Name of the persons:
160. Address:
161. Location:
162. How are you controlled the victims? (drop down multiple selection)
- | | |
|--|--|
| Food denial <input type="checkbox"/> | Treat to life <input type="checkbox"/> |
| Seizure of travel document <input type="checkbox"/> | Treat to families and friends <input type="checkbox"/> |
| Monitoring <input type="checkbox"/> | Restriction of movement <input type="checkbox"/> |
| Treat by juju (to kill or make you mad) <input type="checkbox"/> | Physically assaulted <input type="checkbox"/> |

Emotionally assaulted

Sexual assault

Others specify:

163. Did the victim try to escape? Yes No

164. If Yes, Why?

165. When?

166. How?

167. What happen?

168. Was there any attempt to stop them from escaping? Yes No

169. If Yes, how?.....

.....

8. PROSECUTOR'S ASSESSMENT

170. Date of Arrest (Month/Year)

171. Place of Arrest:

172. Arresting Agency:

173. Reason for which arrested:

174. Number of victims:.....

175. Names of victims:

.....

.....

176. Medical capacity of suspect

9. LEGAL AND PROSECUTION ASSESSMENT

177. Case Number:

178. Name of the accused:

179. Complainant:
180. Name of Judge:
181. Name of the court:
182. High Court Number:
183. State:
184. Prosecutor:
185. Defence Counsel:
186. Date filed:
187. Date of Arraignment:
188. Plea:
189. Date trial commenced:
190. Case completed Yes No
191. Judgment: Discontinuation Discharge Acquitted
 Conviction Guilty Plea
192. Sentence imposed (*years of imprisonment*)
193. Summary:
194. Update: