

ICJ PACKET: REQUEST FOR SUPERVISION OF JUVENILE IN ANOTHER STATE

Fax or scan one (1) copy to 777-3693. (2015)

Cover Letter	To include a brief summary of the case and reason for placement in other state
ICJ Form IV	ICJ Probation Investigation Request
ICJ Form V	Report of Sending State upon Probationer Being Sent to the Receiving State *Form to be sent 30 days prior to juvenile relocating to other state, if possible
ICJ Form IA/VI	Application for Services and Waiver *Must have signatures from Judge, Youth & Parents
ICJ Travel Permit	Out of State Travel Permit and Agreement to Return *Travel Permit can be used for Trial Placement for up to 90 days *Use only if youth goes before ICJ packet is sent
Court Orders	Petition, Adjudication Order, Placement Order and/or Custody Order
OPTIONAL FORMS TO ASSIST WITH SUPERVISION	
PDR/Social History	
School Assessments	
Medical Records	
Psych. Evaluations	
Terms/Conditions of Probation	
Restitution Information	

ICJ Rules and Forms can be found at www.juvenilecompact.org



INTERSTATE COMPACT FOR JUVENILES

FORM IV

PAROLE OR PROBATION INVESTIGATION REQUEST

DATE: _____

TO: _____ (Receiving State) FROM: _____ (Sending State)

Name of Juvenile: _____ DOB: _____ Race: _____ Sex: _____

*If known, *Ht: _____ *Wt: _____ *Eye Color: _____ *Hair Color: _____

*If available, attach photograph.

Status: Parole Probation Sending State File #: _____

To reside with: OR Is residing with: _____ (Name)

Relationship: _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

Reason for Adjudication/Commitment: _____

Date of Adjudication: _____ Date of Commitment: _____

Minimum Parole/Probation Expiration Date: _____ Maximum Parole/Probation Expiration Date: _____

Anticipated Placement Date: _____ Present Location: _____

We desire to transfer this juvenile on parole probation to your state:
 Because his/her parent/legal guardian resides in your state.
 For the following reasons, with your consent: _____

Other Comments: _____

THE FOLLOWING MATERIALS ARE ENCLOSED:

- Cover letter
- IA/VI Application for Compact Services and Memorandum of Understanding and Waiver
- Petition(s)
- Order of Adjudication and Disposition
- Legal and Social History
- Parole/Probation Conditions (Agreement)
- School Transcript/Records
- Immunization Records
- Any other Pertinent Information

FOR ICJ USE ONLY

Signed: _____
(Compact Official/Designee)

Title: _____

Referred by: _____
(Name - Please Print)

Referring Agency: _____



INTERSTATE COMPACT FOR JUVENILES
REPORT OF SENDING STATE UPON PAROLEE OR PROBATIONER
BEING SENT TO THE RECEIVING STATE

FORM V

TO: _____ DATE: _____
(Receiving State)

FROM: _____
(Sending State) (County)

RE: _____
(Name of Juvenile) (Date of Birth) (Race) (Sex)

The above-named juvenile will depart **OR** has departed from sending state by _____
(Mode of Transportation)

on _____ and was instructed to report in person by telephone **OR** by letter, within 48 hours of
(Date)
arrival in the receiving state to:

Name: _____ Telephone: _____

Address: _____
(Street Address) (City) (State) (Zip)

Enclosed please find: (please check applicable items)

Parole or probation sanctions

Other material as follows:

Signed: _____

Title: _____

Agency: _____



INTERSTATE COMPACT FOR JUVENILES

FORM IA/VI

APPLICATION FOR SERVICES AND WAIVER

Form IA

APPLICATION FOR COMPACT SERVICES

TO: _____ FROM: _____
 (Receiving State) (Sending State)

I, _____, hereby apply for supervision as a parolee or probationer to the Interstate Compact for Juveniles. I understand that supervision in the receiving state makes it likely that there will be certain differences between the supervision that I would receive in this state and supervision that I will receive in the state to which I am applying to relocate or reside. In order to receive the advantages of supervision under the Interstate Compact for Juveniles, I hereby acknowledge and accept such differences in the standards of supervision as may be provided by the receiving state.

In view of the above, I do hereby apply for permission to be supervised on parole probation in _____
 (Receiving State)

FORM VI

MEMORANDUM OF UNDERSTANDING AND WAIVER

I, _____, realize that the grant of parole probation and especially the privilege to leave the State of _____ to go to the State of _____ is a benefit to me.

Therefore, I promise:

1. That I will make my home with _____
 (Name, Relationship, and Address)
 until a change of residence is authorized by the proper authorities in the receiving state.
2. That I will obey the terms and conditions of parole probation as set by both the sending and receiving states.
3. That I will return at any time to the sending state if asked to do so by the parole probation authorities in that state.

I further understand that if I fail to keep these promises, I may be returned to the sending state. I have read the above, or have had the above read and explained to me, and I understand its meaning and agree thereto. I understand and accept that a failure to comply with these terms and conditions may result in sanctions in both the sending and/or receiving state.

 (Juvenile's Signature) (Date) (Witness' Signature) (Date)

Permission is hereby granted to the above-named juvenile to apply for, reside in, and be supervised by the State of _____ provided that the receiving state accepts supervision.

(Receiving State)

 (Date) SIGNED: (If probation, sending state's JUDGE; If parole, sending state's COMPACT OFFICIAL)



INTERSTATE COMPACT FOR JUVENILES

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

FORM VII

VACATION/VISIT ONLY VISIT FOR TESTING PLACEMENT PLACEMENT IN RESIDENTIAL FACILITY

To: _____ From: _____
(Receiving State) (Sending State)

From: _____
(Name, Title) (Agency/Department) (Phone #)

Re: _____
(Juvenile's Name) (DOB) (Race/Sex)

If known: Ht. _____ Wt. _____ Eye Color: _____ Hair Color: _____
(Offense) (Court/Agency #) (Legal Status)

Current Placement

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Permission is granted to the above-named juvenile to visit the State of _____
 from _____ until _____
(Date) (Date)

He She will be staying with/at _____
(Name/Facility) (Relationship)
 at _____
(Full Address) (City) (State) (Zip) (Phone #)

Reason for Visit: _____

Mode of Transportation: _____

Special Instructions: _____

Completed by: _____
(Name) (Title) (Date)

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of _____, Department/Court _____. I hereby agree that I will comply with the rules and regulations of my state of jurisdiction and the State of _____ and with the above conditions and instructions. I will return to the State of _____ on _____ voluntarily and without further formality. In signing this agreement, I also understand that my failure to comply with the conditions may result in my being considered absent without leave (AWOL), and a warrant and requisition may be issued for my apprehension and return to the State of _____ for further disciplinary action.

I have read the above OR I have had the above read and explained to me, and I understand the meaning of it and agree thereto.

(Juvenile's Signature) (Date)

Witnessed by: _____
(Signature of Caseworker or Probation/Parole Officer) (Title) (Date)

Approved by: _____
(Signature of Supervisor) (Title) (Date)