



INTERSTATE COMPACT FOR JUVENILES

FORM VIII

Home Evaluation Report Form

Sending State: _____ Receiving State: _____

Juvenile's Name: _____ DOB: _____ Case # _____

Placement recommended

Placement not recommended

PROPOSED PLACEMENT INVESTIGATED:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.):

FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If proposed placement resource works, who will supervise the juvenile):

LEGAL HISTORY OF FAMILY (current charges, probation or parole status):

PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs):

OTHER COMMENTS (recommendations, questions, concerns):

REPORTING INSTRUCTIONS:

Name: _____

Agency: _____

Address: _____

Telephone # _____

(Investigating worker – printed name)

(Supervisor – printed name)

(Investigating worker - signature) _____
(Date)

(Supervisor - signature) _____
(Date)

For ICJ Official use only:

Placement approved

Placement denied

(Date)

(Compact Official signature)



INTERSTATE COMPACT FOR JUVENILES

Quarterly Progress, Violation, or Absconder Report

FORM IX

Quarterly Report Violation Report Absconder Report

Sending State: _____ Receiving State: _____

Case # _____ Case # _____

Juvenile's Name: _____ DOB: _____

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

Phone # _____ Supervision Level: _____ Exp. Date: _____

Juvenile's Last Personal Contact with Supervising Agent: _____

Progress Topic	Excellent	Good	Fair	Poor	N/A
Adjustment in the home	<input type="checkbox"/>				
School/Education performance	<input type="checkbox"/>				
Compliance with orders	<input type="checkbox"/>				
Family and peer relationships	<input type="checkbox"/>				
Employment performance	<input type="checkbox"/>				
Treatment/Counseling	<input type="checkbox"/>				
General attitude	<input type="checkbox"/>				

SUMMARY OF PROGRESS SINCE LAST REPORT / DESCRIPTION OF CITATION OR VIOLATION / DETAILS OF JUVENILE'S ABSCONDING:

COURT APPEARANCES? YES NO PENDING CHARGES IN THE RECEIVING STATE? YES NO

If YES, please provide certified court documents and a brief explanation of the current legal situation and/or a description of charges below:

ICJ QUARTERLY PROGRESS / VIOLATION / ABSCONDER REPORT

EFFORTS OR INTERVENTIONS TO REDIRECT BEHAVIOR:

SANCTIONS, IF APPLICABLE:

Status/Disposition: _____ Date of Citation or Violation: _____

RECOMMENDATION: Continue Supervision Request Discharge Request Revocation

(Juvenile Worker) (Date)

(Supervisor) (Date)

(Compact Administrator/Official) (Date)