

**INTERSTATE COMPACT ON JUVENILES**  
**CONSENT FOR VOLUNTARY RETURN BY RUNAWAY, ESCAPEE OR ABSCONDER**  
**OR JUVENILE CHARGED AS DELINQUENT**



**FORM III**

**FORM III**

I, \_\_\_\_\_, recognize that I legally belong with  
(Juvenile's Name)  
\_\_\_\_\_ in \_\_\_\_\_  
(Name of Legal Guardian/Custodian or agency seeking return) (City/State)  
and I voluntarily consent to return there without further formality, either by myself or in the company of such person as the appropriate authority may appoint for that purpose.

\_\_\_\_\_  
(Date) (Juvenile's Signature)

I, \_\_\_\_\_, Judge of \_\_\_\_\_  
(Judge's Name) (Court or Jurisdiction)  
having informed the juvenile named above of  his  her rights under the Interstate Compact on Juveniles prior to the execution of the foregoing consent, do hereby find that the voluntary return of said juvenile to:

\_\_\_\_\_  
(Legal Guardian/Custodian or agency seeking return) (Contact name & phone number) in \_\_\_\_\_ (City/State)  
is appropriate and in the best interest of said juvenile, and do so order such return as provided below (fill in or check appropriate item):  
 Unaccompanied **OR**  Accompanied by: \_\_\_\_\_

\_\_\_\_\_  
(Date) (Judge's Signature)

**TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED:**

I, \_\_\_\_\_ being the  Counsel  Guardian *Ad Litem* of \_\_\_\_\_  
(Name of Juvenile)  
recognize and agree that said juvenile should return to \_\_\_\_\_ in \_\_\_\_\_  
(Legal Guardian or Custodian or agency seeking return) (City/State)  
either unaccompanied or in the company of such person as the appropriate authority may appoint. I hereby consent to such return.

\_\_\_\_\_  
(Date) (Signed – Counsel or Guardian *Ad Litem*)

*(Form will be certified or authenticated in accordance with practice of the court. See Article VI of the Compact for further details.)*  
**Original: Court file; 1 copy each: Juvenile, Holding State's Compact Administrator, Home/Demanding State's Compact Administrator, Local Court in Demanding State.**

**DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE, & CONTACT INFORMATION**

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Eye color: \_\_\_\_\_  
Hair color and style: \_\_\_\_\_  
Tattoos, scars, identifying marks: \_\_\_\_\_  
Clothing (including shoes): \_\_\_\_\_

**Home/Demanding State's contact name and phone #:** \_\_\_\_\_

This is the official ICJ Form III as approved by AJCA in August 2003. No state or other governmental entity party to the Interstate Compact on Juveniles may change, alter or otherwise modify any form that has been approved and adopted for use by the Association of Juvenile Compact Administrators. No other form may be substituted. (See Rule 2-103: Revision/Modification of Forms)