INTERSTATE COMPACT FOR JUVENILES

FORM VII

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

☐ VACATION/VISIT ONLY ☐ VISIT FOR TESTING RESIDENCE ☐ 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 Residence

Name: _____

Relationship: _____

Address: _____

Phone: _____

Permission is granted to the above-named juvenile to visit the State of _____

from _____ until _____
(Date) (Date)

During which time the juvenile will be staying with/at: _____
(Name/Facility) (Relationship)

at _____
(Full Address) (City) (State) (Zip) (Phone #)

Reason for Visit:

Special Instructions/Other Comments:

Juvenile's Statement of Understanding

I, _____ recognize I am under the legal custody/jurisdiction or supervision of the State of _____. I hereby agree to comply with the rules and regulations of the Interstate Compact for Juveniles and the laws of the sending and receiving state including the above conditions and instructions. I understand my failure to comply with these conditions may result in a warrant or requisition being issued for my arrest or return.

☐ I have read, or ☐ have had read and explained to me, the Statement of Understanding.

_____
(Juvenile's Signature) (Date)

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

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