



INTERSTATE COMPACT FOR JUVENILES

Absconder From Supervision Violation Report

FORM XI

Sending State: _____ Receiving State: _____
 Case #: _____ Case #: _____
 Juvenile's Name: _____ DOB: _____

Absconder's Last Known Contact Information

 (Street address) (City) (State) (Zip)
 Phone #: _____ Date of last contact with supervising agent: _____

Details of the juvenile's absconding:

Pending charges in the receiving state? YES NO If YES, please describe below:

 (Name of Juvenile Worker) (Date)
 By checking this box, I confirm the validity of the information contained within this form.

 (Supervisor Name) (Date)
 By checking this box, I confirm the validity of the information contained within this form.

 Compact Administrator/Official Name (Date)

By checking this box, I confirm the validity of the information contained within this form.

