

INTERSTATE COMPACT FOR JUVENILES QUARTERLY PROGRESS REPORT

FORM IX

TO:	1	FROM:				
TO: (Sending State)		FROM: (Receiving State)				
Sending State Court/Case #(s):						
Name of Juvenile:		DOB:				
Address:						
(Stree	et address)	(City)	(State)	(Zip)		
Primary Phone #:	Supervision Level:		Maximum Exp. Date:			
Supervising Agent's last personal of	contact with juvenile:					
			(Date)			
	QUARTERLY PRO	GRESS REPORT				
SUMMARY OF ADJUSTMENT IN general attitude towards current liv		ly relationships, con	npliance with home rules,	and overall		
SUMMARY OF SCHOOL AND/OF disciplinary concerns):	R EMPLOYMENT PERFORI	MANCE (including a	any attendance, behaviora	ll and/or		
STATUS OF COURT-ORDERED	CONDITIONS OF SUPERV	ISION (treatment/co	ounseling, community serv	vice, etc.):		

				(Compact Official)	(Dat	e)
(Supervising Agent)	(Date)			(Supervisor)	(Date	e)
Submitted by:						
IF REQUESTED, JUSTIFICATION FO	OR EARLY DISCH	HARGE CC	NSIDE	RATION:		
RECOMMENDATION:	Continue Super	vision		Request Discharge		
SUMMARY OF ANY BEHAVIORAL IS (including therapeutic interventions, in					BEHAVIOR	
Date of New Charges:				ew Charges:		
If YES, please provide court documer charges below:	nts and a brief exp	olanation of	the cur	rent legal situation and/or a de	scription of	
PENDING CHARGES IN THE RECE	IVING STATE?	YES	NO	COURT APPEARANCES?	YES	NO
action Plan to Remedy any Discomplete task):						

For ICJ Official use only:					
SENDING STATE RESPONSE TO DISCHARGE OR REVOCATION REQUEST:					
Action To Be Taken:			Date Action Will Occur:		
(Compact O	rfficial)	(Date)	_		

ICJ QUARTERLY PROGRESS REPORT | Rev.