



INTERSTATE COMPACT FOR JUVENILES
QUARTERLY PROGRESS REPORT

FORM IX

TO: _____ (Sending State) FROM: _____ (Receiving State)

Sending State Court/Case #(s): _____

Name of Juvenile: _____ DOB: _____

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

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

Supervising Agent's last personal contact with juvenile: _____ (Date)

QUARTERLY PROGRESS REPORT

SUMMARY OF ADJUSTMENT IN THE HOME (including family relationships, compliance with home rules, and overall general attitude towards current living arrangement):

SUMMARY OF SCHOOL AND/OR EMPLOYMENT PERFORMANCE (including any attendance, behavioral and/or disciplinary concerns):

STATUS OF COURT-ORDERED CONDITIONS OF SUPERVISION (treatment/counseling, community service, etc.):

ACTION PLAN TO REMEDY ANY DELINQUENT COURT-ORDERED CONDITIONS (including length of time to complete task):

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

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

Date of New Charges: _____ Status/Disposition of New Charges: _____

SUMMARY OF ANY BEHAVIORAL ISSUES AND DESCRIPTION OF EFFORTS MADE TO REDIRECT BEHAVIOR (including therapeutic interventions, incentives and/or graduated sanctions, or other corrective actions):

RECOMMENDATION: Continue Supervision Request Discharge

IF REQUESTED, JUSTIFICATION FOR EARLY DISCHARGE CONSIDERATION:

Submitted by:

(Supervising Agent) (Date) _____
(Supervisor) (Date)

(Compact Official) (Date)

For ICJ Official use only:

SENDING STATE RESPONSE TO DISCHARGE OR REVOCATION REQUEST:

Action To Be Taken: _____ Date Action Will Occur: _____

(Compact Official) (Date)