



INTERSTATE COMPACT FOR JUVENILES

FINAL TRAVEL PLAN

JUVENILE INFORMATION

First Name: _____ Last Name: _____
Home/ Demanding State: _____ Holding State: _____
DOB: _____ Race: _____ Sex: _____ Run Risk? _____
Return Type: _____ Method of Transportation: _____
Behavioral/Physical Problems: _____
Medications: _____
Clothing: _____
Departure City: _____ Destination City: _____
Departure Date: _____ Arrival Date: _____ Date Travel Plan Submitted: _____

AIRPORT TRANSPORTATION AND FLIGHT DETAILS

Contact Information and Details for Transporting Juvenile to Departing Airport:

Contact Information and Details for Transporting Juvenile from Destination Airport:

Flight 1

Departure Airport: _____ Departure Time: _____ Flight Number: _____
Arrival Airport: _____ Arrival Time: _____
Layover State: _____ Airport Supervision Confirmed? _____

Flight 2

Departure Airport: _____ Departure Time: _____ Flight Number: _____
Arrival Airport: _____ Arrival Time: _____
Layover State: _____ Airport Supervision Confirmed? _____

Flight 3

Departure Airport: _____ Departure Time: _____ Flight Number: _____
Arrival Airport: _____ Arrival Time: _____

GROUND TRANSPORTATION DETAILS

Contact Information and Details for Escort/Agency Transporting Juvenile via Ground Transportation: