



INTERSTATE COMPACT FOR JUVENILES

FORM IV

PAROLE OR PROBATION INVESTIGATION REQUEST

DATE: _____

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

Name of Juvenile: _____ DOB: _____ Race: _____ Sex: _____

*If known, *Ht: _____ *Wt: _____ *Eye Color: _____ *Hair Color: _____

*If available, attach photograph.

Status: _____ Sending State File #: _____

To reside with: **OR** Is residing with: _____ (Name)

Relationship: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Reason for Adjudication/Commitment: _____

Date of Adjudication: _____ Date of Commitment: _____

Minimum Parole/Probation Expiration Date: _____ Maximum Parole/Probation Expiration Date: _____

Anticipated Placement Date : _____ Present Location: _____

We desire to transfer this juvenile on _____ to your state: _____
(probation/parole)

- Because his/her legal guardian resides in your state.
- For the following reasons, with your consent:

Other Comments:

THE FOLLOWING MATERIALS ARE ENCLOSED:

- Cover letter
- IA/VI Application for Compact Services and Memorandum of Understanding and Waiver
- Petition(s)
- Order of Adjudication and Disposition
- Legal and Social History
- Parole/Probation Conditions (Agreement)
- School Transcript/Records
- Immunization Records
- Any other Pertinent Information

Referred by: _____ (Name – Please Print)

Referring Agency: _____

FOR ICJ USE ONLY

Name: _____
(Compact Official/Designee)

Title: _____

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