



INTERSTATE COMPACT FOR JUVENILES

Quarterly Progress, Violation, or Absconder Report

FORM IX

Quarterly Report Violation Report Absconder Report

Sending State: _____ Receiving State: _____

Case # _____ Case # _____

Juvenile's Name: _____ DOB: _____

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

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

Juvenile's Last Personal Contact with Supervising Agent: _____

Progress Topic	Rating
Adjustment in the home	Excellent
School/Education performance	Excellent
Compliance with orders	Excellent
Family and peer relationships	Excellent
Employment performance	Excellent
Treatment/Counseling	Excellent
General attitude	Excellent

SUMMARY OF PROGRESS SINCE LAST REPORT / DESCRIPTION OF CITATION OR VIOLATION / DETAILS OF JUVENILE'S ABSCONDING:

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

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

ICJ QUARTERLY PROGRESS / VIOLATION / ABSCONDER REPORT

EFFORTS OR INTERVENTIONS TO REDIRECT BEHAVIOR:

SANCTIONS, IF APPLICABLE:

Status/Disposition: _____ Date of Citation or Violation: _____

RECOMMENDATION: Continue Supervision Request Discharge Request Revocation

(Juvenile Worker) (Date)

(Supervisor) (Date)

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

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(Compact Administrator/Official) (Date)

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

For ICJ Official use only:

SENDING STATE RESPONSE TO DISCHARGE OR REVOCATION REQUEST:

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

(Compact Administrator/Official) (Date)