

INTERSTATE COMPACT FOR JUVENILES FORM III

CONSENT FOR VOLUNTARY RETURN OF OUT OF STATE JUVENILE

I,						, acknowledge that I legally belong with		
		(Name of Juvenile)						
				i	า			
(Legal G	uardian, Custodial Agenc	y, or Demanding Cou	urt/Agency se	eking return)	(0	City)	(State)	
and I volunt		n without further	legal proce			n the compa	any of such person(s)	
	(Date)			(Juvenile's Signature)				
l,	(Judge / Court Na	mo)	, of	(0	Court or Jurisdictic	on in Holding (Stato)	
naving infor	med the juvenile nar	ned above of	his	ner rights un	der the interst	ate Compa	ct for Juveniles	
prior to the e	execution of the fore	going consent, do	o hereby fii	nd that the volu	ntary return of	said juven	ile to:	
	(Lega	al Guardian, Custodia	al Agency, or	Demanding Court/	Agency seeking re	eturn)		
	(Contact Name)			(Phone #)		City)	(0+-+-)	
				`		City)	(State)	
is appropria	te and in the best int	erest of said juve	enile, and c	lo so order suc	h return.			
	(Date)				(Judge / Court S	ianatura)		
			========					
TO BE COM	PLETED ONLY IF CO	UNSEL OR GUAR	DIAN AD L	ITEM IS APPOII	NTED (Optiona	I):		
I,		being the	e Couns	el Guardiar	Ad Litem of			
	(Name of Attorney)					,	me of Juvenile)	
attest that I	have consulted with	the juvenile rega	rding his/h	er decision to v	oluntarily cons	sent to retur	n to:	
(Logal Guard	ian, Custodial Agency, or	Domanding Court/Ac	nonev socking	in	(Cit	h.()	(State)	
(Legal Gualu	ian, custodiai Agency, or	Demanding Court/Ag	Jenicy Seekini	g return)		(y)	(State)	
	(Date)				ed – Counsel or G	uardian Ad Lit	em)	
(Form will be c	ertified or authenticated in	n accordance with pra	actice of the c ========	court.)		=========		
	HYSICAL AND CLOT							
DOB:	Race:	Sex:	H	t.: Wt.: _	Eye colo	or:	_Hair color:	
Tattoos, sca	ars, identifying marks							
Clothing (in	cluding shoes):							
Juvenile's P	hysical Location in F	lolding State:						
	· · · · · · · · · · · · · · · · · · ·			(Facility Name)			(Phone #)	
(Street Address)				(City)		(State)	(Zip Code)	
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