



**INTERSTATE COMPACT FOR JUVENILES  
HOME EVALUATION REPORT**

**FORM VIII**

TO: \_\_\_\_\_ (Sending State) FROM: \_\_\_\_\_ (Receiving State)

Sending State Court/Case #(s): \_\_\_\_\_

Name of Juvenile: \_\_\_\_\_ DOB: \_\_\_\_\_

**PROPOSED RESIDENCE EVALUATED:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.):**

**FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):**

**FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If employed, who will supervise the juvenile):**

**LEGAL HISTORY OF FAMILY (current charges, probation or parole status):**

**PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs):**

**OTHER COMMENTS (recommendations, questions, concerns):**

Supervision recommended

Supervision not recommended

**DETAILED JUSTIFICATION IF SUPERVISION NOT RECOMMENDED (include why proposed residence is not safe and/or suitable):**

**COMPLETED BY:**

\_\_\_\_\_  
(Caseworker or Probation/Parole Officer)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor)

**REPORTING INSTRUCTIONS (if juvenile has not relocated):**

Juvenile is to be instructed to report  in person **OR**  by phone, within 48 hours of arrival, to the following:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Receiving State Caseworker or Probation/Parole Officer)

Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

For ICJ Official use only:

Supervision approved     Supervision denied

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Compact Official)