



# INTERSTATE COMPACT FOR JUVENILES

## FINAL TRAVEL PLAN

### JUVENILE INFORMATION

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

Home/ Demanding State: \_\_\_\_\_ Holding State: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Run Risk? \_\_\_\_\_

Return Type: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

Behavioral/Physical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Clothing (including shoes): \_\_\_\_\_

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: \_\_\_\_\_

Arrival Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Layover State: \_\_\_\_\_ Airport Supervision Provided by: \_\_\_\_\_

#### Flight 2

Departure Airport: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Arrival Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Layover State: \_\_\_\_\_ Airport Supervision Provided by: \_\_\_\_\_

#### Flight 3

Departure Airport: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Arrival Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Flight Number: \_\_\_\_\_

### GROUND TRANSPORTATION DETAILS

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