



ICJ RETURN WORKSHEET

Return Date: _____

State: _____

Compact Person: _____

Email: _____

ICJO Staff: _____

Program: _____

Email: _____

County: _____

Name: _____

R: _____

S: _____

DOB: _____

CASE TYPE: RUNAWAY ESCAPE ABSCONDER ACCUSED DELINQUENT FAILED PLACEMENT

Ran From: _____

Date Ran: _____

Apprehended On: _____

Detention: _____

Contact: _____

Signed Form III: YES NO Date Signed: _____

Received: _____

Requisitioned: YES NO Date: _____

Human Trafficking: Confirmed Suspected NO DCBS Referral: YES NO Referral #: _____

Missing Persons: YES NO UNK Bench Warrant Issued: YES NO

Entered in NCIC: YES NO UNK

In-State Charges Pending: _____

Court Date(s): _____

Other State's Charges: _____

Court Date(s): _____

Special Behavioral Issues: _____

PARENT/AGENCY: _____

PHONE #: _____

ADDRESS: _____

DATE & CONTACTS:

