

INTERSTATE COMPACT FOR JUVENILES FORM VII OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

TO:		FROM	Л:			
	(Receiving State)			(Sending Sta	ate)	
FROM:						
(Name)		(Title)	(Phone #)		
	(Agency)			(Departmen	t)	
RE:	(Names of Innovito)	(DOD)		(Dana)		
*If Ico accept *I It.	(Name of Juvenile)	(DOB)		(Race)	(Sex)	
*If known: *Ht:	*Wt:	*Eye Color:		*Hair Color:		
(Parole/Probation)			(Sendin	(Sending State Court/Case #(s))		
Current Residence:	(/	Adjudicated Offense(s) Resultin	g in Supervision)			
Name:		Rel	ationship:			
			• —			
(Stree	et Address)	(City)	(State)	(Zip Code)	(Primary Phone #)	
Permission is grante	d to the above-named	l juvenile to visit the State	of			
from	om until			(Receiving S	tate)	
	rival Date)	(Departure	Date)			
During which time the juvenile will be staying with/at: (Name/Facility)			(Relationship)			
(Stree	et Address)	(City)	(State)	(Zip code)	(Primary Phone #)	
Reason for Travel:						
Special Instructions/						
Contact Instructions:						
Juvenile's Statement	of Understanding					
I		recognize I am under the	legal custody/ju	urisdiction or supe	ervision of the State of	
(Name o	of Juvenile)	-				
(Sending S		nereby agree to comply w	ith the rules and	d regulations of th	e Interstate Compact	
for Juveniles and th I understand my fa	ne laws of the send	ing and receiving state these conditions may re	•			
arrest or return.						
I have read, or	have had read a	and explained to me, the S	Statement of Un	derstanding.		

	(Juvenile's Signature)		(Date)
Unable to	obtain juvenile's signature prior to departure		
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Authorized by:			
	(Signature of Caseworker or Probation/Parole Officer)	(Title)	(Date)