INTERSTATE COMPACT FOR JUVENILES

FORM IX

Quarterly Progress or Violation Report

☐ **Quarterly Report** ☐ **Violation Report**

Sending State: _____ Receiving State: _____

Case # _____ Case # _____

Juvenile's Name: _____ DOB: _____

Address: _____
(Street address) (City) (State) (Zip)

Phone # _____ Supervision Level: _____ Exp. Date: _____

Progress Topic	Excellent	Good	Fair	Poor	N/A
Adjustment in the home	☐	☐	☐	☐	☐
School/Education performance	☐	☐	☐	☐	☐
Compliance with orders	☐	☐	☐	☐	☐
Family and peer relationships	☐	☐	☐	☐	☐
Employment performance	☐	☐	☐	☐	☐
Treatment/Counseling	☐	☐	☐	☐	☐
General attitude	☐	☐	☐	☐	☐

SUMMARY OF PROGRESS SINCE LAST REPORT:

COURT APPEARANCES? ☐ YES ☐ NO If YES, provide certified court documents and a brief explanation of the current legal situation.

RECOMMENDATION: ☐ Continue Supervision ☐ Request Discharge ☐ Request Revocation

_____
(Juvenile Worker) (Date)

_____
(Supervisor) (Date)

_____
(Compact Administrator/Official) (Date)