



INTERSTATE COMPACT FOR JUVENILES

FORM VII

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

VACATION/VISIT ONLY VISIT FOR TESTING PLACEMENT PLACEMENT IN PRIVATE RESIDENTIAL TREATMENT FACILITY

To: _____ From: _____
(Receiving State) (Sending State)

From: _____
(Name, Title) (Agency/Department) (Phone #)

Re: _____
(Juvenile's Name) (DOB) (Race/Sex)

(Offense) (Court/Agency #) (Legal Status)

Current Placement

Name: _____ Relationship: _____

Address: _____ Phone: _____

Permission is granted to the above-named juvenile to visit the State of _____

from _____ until _____
(Date) (Date)

He She will be staying with/at _____
(Name/Facility) (Relationship)

at _____
(Full Address) (City) (State) (Zip) (Phone #)

Reason for Visit: _____

Mode of Transportation: _____

Special Instructions: _____

Completed by: _____
(Name) (Title) (Date)

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of _____, Department/Court _____. I hereby agree that I will comply with the rules and regulations of my state of jurisdiction and the State of _____ and with the above conditions and instructions. I will return to the State of _____ on _____ voluntarily and without further formality. In signing this agreement, I also understand that my failure to comply with the conditions may result in my being considered absent without leave (AWOL), and a warrant and requisition may be issued for my apprehension and return to the State of _____ for further disciplinary action.

I have read the above OR I have had the above read and explained to me, and I understand the meaning of it and agree thereto.

(Juvenile's Signature) (Date)

Witnessed by: _____
(Signature of Caseworker or Probation/Parole Officer) (Title) (Date)

Approved by: _____
(Signature of Supervisor) (Title) (Date)