

**Interstate Commission for Juveniles
Voluntary Rule Infraction Report**

Report Date: _____ Date of Infraction: _____

States Involved: _____

Rule Violation: _____

Name of Juvenile: _____ Date of Birth: _____

Briefly Describe Infraction:

Submitting Agency: _____

Agency Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

***Remember to include copies of any applicable forms, reports, etc.**

Commissioner or Designee Signature: _____