



INTERSTATE COMPACT FOR JUVENILES

FORM VIII

Home Evaluation Report Form

Sending State: _____ Receiving State: _____

Juvenile's Name: _____ DOB: _____ Case # _____

Supervision recommended

Supervision not recommended

PROPOSED RESIDENCE EVALUATED:

Name: _____ Relationship: _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.):

FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If employed, who will supervise the juvenile):

LEGAL HISTORY OF FAMILY (current charges, probation or parole status).

PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs).

OTHER COMMENTS (recommendations, questions, concerns):

REPORTING INSTRUCTIONS:

Name: _____

Agency: _____

Address: _____

Telephone # _____

(Evaluating worker – printed name)

By checking this box, I confirm the validity of the information contained within this form.

(Date)

(Supervisor – printed name)

By checking this box, I confirm the validity of the information contained within this form.

(Date)

For ICJ Official use only:

Supervision approved

Supervision denied

(Date)

By checking this box, I confirm the validity of the information contained within this form.

(Compact Official Name)