



# INTERSTATE COMPACT FOR JUVENILES VIOLATION REPORT

FORM IX

TO: \_\_\_\_\_ (Sending State) FROM: \_\_\_\_\_ (Receiving State)

Sending State Court/Case #(s): \_\_\_\_\_

Name of Juvenile: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ (Street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Primary Phone #: \_\_\_\_\_ Supervision Level: \_\_\_\_\_ Maximum Exp. Date: \_\_\_\_\_

Supervising Agent's last personal contact with juvenile: \_\_\_\_\_ (Date)

## VIOLATION REPORT

DETAILS OF NON-COMPLIANCE (including specific dates of technical violation(s)):

DESCRIPTION OF SUPPORTING DOCUMENTATION PROVIDED, if available (police reports, drug testing results, etc.):

PENDING CHARGES IN THE RECEIVING STATE? YES NO COURT APPEARANCES? YES NO

If YES, please provide court documents and a brief explanation of the current legal situation and/or a description of charges below:

Date of New Charges: \_\_\_\_\_ Status/Disposition of New Charges: \_\_\_\_\_

DESCRIPTION OF EFFORTS MADE TO REDIRECT BEHAVIOR (including therapeutic interventions, incentives and/or graduated sanctions, or other corrective actions):

RECOMMENDATION:                      Continue Supervision                      Request Discharge                      Request Revocation

REASONING FOR RECOMMENDATION:

Submitted by:

\_\_\_\_\_  
(Supervising Agent)                      \_\_\_\_\_ (Date)                      \_\_\_\_\_ (Supervisor)                      \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Compact Official)                      \_\_\_\_\_ (Date)

For ICJ Official use only:

SENDING STATE RESPONSE TO DISCHARGE OR REVOCATION REQUEST:

Action To Be Taken: \_\_\_\_\_ Date Action Will Occur: \_\_\_\_\_

\_\_\_\_\_  
(Compact Official)                      \_\_\_\_\_ (Date)