



INTERSTATE COMPACT FOR JUVENILES ABSCONDER 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)

ABSCONDER REPORT

Date of Last Attempted Home Visit: _____ (Date)

Date of Last Attempted Contact with School/Employer (if applicable): _____ (Date)

Date of Last Attempted Contact with Known Family Members/Collateral Contact: _____ (Date)

DETAILS REGARDING HOW JUVENILE DETERMINED TO BE ABSCONDER(including what occurred with each attempted contact):

Juvenile reported to law enforcement as missing person

Name of Law Enforcement Agency: _____

Incident Report # (if available): _____

PENDING CHARGES IN THE RECEIVING STATE? YES NO

RECOMMENDATION: 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)