



INTERSTATE COMPACT FOR JUVENILES
PAROLE OR PROBATION INVESTIGATION REQUEST

FORM IV

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

Name of Juvenile: DOB:

Race: Sex: \*If Known: \*Ht: \*Wt: Hair: Eyes:

\*If Available, attach photograph

We desire to transfer this juvenile on (Parole/Probation) to your state:

Because his/her legal guardian resides in your state.

For the following reasons, with your consent:

Additional Investigation Info:

Juvenile (does / does not) have a legal guardian remaining in Sending State

To reside with: OR Is residing with: (Name) (Relationship)

Address:

City: State: Zip:

PrimaryPhone #: Secondary Phone #: E-mail:

If juvenile has not relocated:

Anticipated Relocation Date: Present Location:

Sending State Court/Case #(s):

Adjudicated Offense(s) resulting in supervision:

Date of Adjudication: Date of Commitment:

Minimum Supervision Expiration Date: Maximum Supervision Expiration Date:

- VI Application for Services and Waiver
Petition(s)
Order of Adjudication and Disposition
Parole/Probation Conditions (Agreement)
Cover letter
Supervision Summary
Legal and Social History
School Transcript/Records
Immunization Records
Any other Pertinent Information

FOR ICJ USE ONLY:
Approved by: (Compact Official)
(Title)

Prepared by: (Name)

Agency: