



# 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: \_\_\_\_\_

Date Action Will Occur:

(Compact Official)

(Date)