

INTERSTATE COMPACT FOR JUVENILES QUARTERLY PROGRESS REPORT

FORM IX

TO:		FROM:			
(Sending State)		FROM: (Receiving State)			
Sending State Court/Case #(s):				
Name of Juvenile:			DOB:		
Address:					
(Street address)	(City) (Stat	te) (Zip)	
Primary Phone #:	Supervision Level:		Maximum Exp. I	Date:	
Supervising Agent's last perso	nal contact with juvenile:		(Date)		
SUMMARY OF ADJUSTMENT	QUARTERLY PR			me rules, and overall	
general attitude towards currei	nt living arrangement):				
SUMMARY OF SCHOOL ANE disciplinary concerns):)/OR EMPLOYMENT PERFOI	RMANCE (includ	ling any attendance,	behavioral and/or	
STATUS OF COURT-ORDER	ED CONDITIONS OF SUPER	VISION (treatme	ent/counseling, comn	nunity service, etc.):	

	_		(Compact Official)	(Dat	e)
(Supervising Agent) (Dat	te)		(Supervisor)	(Date	e)
Submitted by:					
IF REQUESTED, JUSTIFICATION FOR EARLY DIS	CHARGE CO	ONSIDE	RATION:		
RECOMMENDATION: Continue Sup	ervision		Request Discharge		
SUMMARY OF ANY BEHAVIORAL ISSUES AND DI (including therapeutic interventions, incentives and/o					
Date of New Charges: Sta	atus/Dispositi	on of Ne	ew Charges:		
charges below:					
If YES, please provide court documents and a brief e	explanation o	f the cur	rent legal situation and/or a de	escription of	
PENDING CHARGES IN THE RECEIVING STATE?	YES	NO	COURT APPEARANCES?	YES	NO
complete task).					
complete task):					

For ICJ Official use only:			
SENDING STATE RESPONSE	TO DISCHARGE OR	REVOCATION REQUE	ST:
Action To Be Taken:			Date Action Will Occur:
(Compact O	rfficial)	(Date)	_

ICJ QUARTERLY PROGRESS REPORT | Rev.