

INTERSTATE COMPACT FOR JUVENILES FORM VII OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

10:		FRO	PIVI:			
	(Receiving State)			(Sending State)		
FROM:						
(Name)		(Title	e)	(Phone #)		
	(Agency)		-	(Department)		
RE:						
	(Name of Juvenile)	(DOB)	-	(Race)	(Sex)	
*If known: *Ht:	*Wt:	*Eye Color:		*Hair Color:		
(Parole/Probation)			(Sendin	(Sending State Court/Case #(s))		
	A)	djudicated Offense(s) Resulti	ng in Supervision)			
Current Residence:						
Name:		Re	elationship:			
(Street	Address)	(City)	(State)	(Zip Code)	(Primary Phone #)	
Permission is granted	I to the above-named	juvenile to visit the Stat	e of			
from	until			(Receiving State)		
	val Date)	(Departure	· Date)			
During which time the	juvenile will be stayir	ng with/at:	·			
(Name/Facility)				(Relationship)		
(Street	Address)	(City)	(State)	(Zip code)	(Primary Phone #)	
Reason for Travel:						
Special Instructions/						
Contact Instructions:						
Juvenile's Statement o	of Understanding					
1	I	recognize I am under th	e legal custody/i	urisdiction or supe	ervision of the State of	
(Name of	Juvenile)	J	3 ,,	'		
		ereby agree to comply v	with the rules and	d regulations of th	e Interstate Compact	
(Sending S	•					
		ng and receiving stat these conditions may r				
I have read, or	have had read a	nd explained to me, the	Statement of Un	derstanding.		

	(Juvenile's Signature)		(Date)
Unable to	obtain juvenile's signature prior to departure		
2			
Authorized by:			
	(Signature of Caseworker or Probation/Parole Officer)	(Title)	(Date)