



INTERSTATE COMPACT FOR JUVENILES

CASE CLOSURE NOTIFICATION

FORM X

Submission Date: _____ Supervision Status: _____
(Submission Date) (Parole/Probation)

Sending State: _____ Receiving State: _____
(Sending State) (Receiving State)

Name of Juvenile: _____ DOB: _____

Person Submitting Case Closure Notification: _____

Case Closure Notification Submitted By: _____ Sending State _____ Receiving State _____

Please close the above referenced case due to:

Adult sentence longer than juvenile sentence

Case has expired

Early discharge/termination from supervision granted by Sending State

Request by Receiving State for early discharge/termination from supervision granted

Relocation did not occur within 90 calendar days

Unable to locate juvenile

Juvenile has escaped/absconded

Warrant issued for juvenile who has absconded from supervision in the Receiving State

Juvenile has moved to another state

Juvenile has returned to the Sending State

Juvenile admitted to a residential facility for a planned stay in excess of 90 calendar days

Sole purpose of supervision is collecting restitution and/or court fines

Other or additional information:

Denied Sending State's Reason for Denying Closure: