



INTERSTATE COMPACT FOR JUVENILES

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

FORM VII

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

FROM: _____ (Name) _____ (Title) _____ (Phone #)
_____ (Agency) _____ (Department)

RE: _____ (Name of Juvenile) _____ (DOB) _____ (Race) _____ (Sex)

*If known: *Ht: _____ *Wt: _____ *Eye Color: _____ *Hair Color: _____

_____ (Parole/Probation) _____ (Sending State Court/Case #(s))

_____ (Adjudicated Offense(s) Resulting in Supervision)

Current Residence:

Name: _____ Relationship: _____

_____ (Street Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Primary Phone #)

Permission is granted to the above-named juvenile to visit the State of _____ (Receiving State)

from _____ until _____
(Arrival Date) (Departure Date)

During which time the juvenile will be staying with/at:

_____ (Name/Facility) _____ (Relationship)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip code) _____ (Primary Phone #)

Reason for Travel:

Special Instructions/
Contact Instructions:

Juvenile's Statement of Understanding

I _____ recognize I am under the legal custody/jurisdiction or supervision of the State of _____
(Name of Juvenile)

_____ I hereby agree to comply with the rules and regulations of the Interstate Compact
(Sending State)

for Juveniles and the laws of the sending and receiving state including the above conditions and instructions. I understand my failure to comply with these conditions may result in a warrant or requisition being issued for my arrest or return.

I have read, or _____ have had read and explained to me, the Statement of Understanding.

(Juvenile's Signature)

(Date)

Unable to obtain juvenile's signature prior to departure

Authorized by:

(Signature of Caseworker or Probation/Parole Officer)

(Title)

(Date)