**If someone else is entering your case in UNITY this form is required. If you are entering the juvenile file into UNITY you do not need to complete this form.**

**Questions? Contact**

Anne Connor, Deputy Compact Administrator, (208)577-5405 or [anne.connor@idjc.idaho.gov](mailto:anne.connor@idjc.idaho.gov)

Jen Baer, Idaho Interstate Coordinator, (208)577-5406 or [jennifer.baer@idjc.idaho.gov](mailto:jennifer.baer@idjc.idaho.gov)

\* Denotes Required Field

|  |  |  |
| --- | --- | --- |
| **Case Type Selector:** | | |
|  | | |
| \*Receiving State: | Click for drop-down | |
|  | | |
| \*Type of Transfer: | Click for drop-down | |
|  | | |
| \*Present Location: | | Click for drop-down |
| If not already in Receiving State, will juvenile be proceeding to RS prior to acceptance of TOS: | | Click for drop-down |
|  | | |
| \*Sex-Related Offense: | Click for drop-down | |
| **(Only applicable for sex-related/State Committed Transfer Cases)**  Emergency reason juvenile relocated to receiving state prior to acceptance: | | Click to enter text |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Residence:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| \*First Name: | Click to enter text | | | | | | \*Last Name: | Click to enter text | | | | |
|  | | | | | | | | | | | | |
| \*Relationship: | Click for drop-down | | If Other, Specify: | | | Click to enter text | | | Facility Name (if applicable): | | | Click to enter text |
|  | | | | | | | | | | | | |
| \*Address: | Click to enter text | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| \*City: | Click to enter text | | | \*State: | Click for drop-down | | | | | \*Zip: | Click to enter number | |
|  | | | | | | | | | | | | |
| \*Primary Phone: | | Click to enter number | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Legal Guardianship:** | | | | | | | | | | |
|  | | | | | | | | | | | |
| \*Legal Guardianship: | | | Click for drop-down | | Custodial Agency Name: **(only applicable if State Ward)** | | | | Click to enter text | |
|  | | | | | | | | | | | |
| \*First Name: | Click to enter text | | | | | \*Last Name: | | Click to enter text | | |
|  | | | | | | | | | | | |
| \*Relationship: | Click for drop-down | | | If Other, Specify: | | | Click to enter text | | | |
|  | | | | | | | | | | | |
| Address: | Click to enter text | | | | | | | | | |
|  | | | | | | | | | | | |
| City: | Click to enter text | | | \*State: | | Click for drop-down | | | Zip: | Click to enter number |
|  | | | | | | | | | | | |
| Primary Phone: | | Click to enter number | | | | | | | | |

|  |  |
| --- | --- |
| **Referral Information:** | |
|  | | |
| Assistance needed from Receiving State to obtain juvenile’s signature on Form VI |  |

|  |  |
| --- | --- |
| **Court Information:** | |
|  | | |
| \*Probation Start Date: | Click to enter a date |

* **Below data is only needed if juvenile is under supervision in more than 1 court case**
  + Court case information is needed for **each** active court case

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Court Information:** | | | | | | | | |
|  | | | | | | | | | |
| Court Case #: | Click to enter text | | County of Jurisdiction: | | | Click to enter text | | |
|  | | | | | | | | | |
| \*Probation Start Date: | | Click to enter a date | | \*Maximum Probation Expiration Date: | | | | Click to enter a date |
|  | | | | | | | | | |
| \*Date of Adjudication: | | Click to enter a date | | \*Sex-Related Offense: | | | Click for drop-down | |
|  | | | | | | | | | |
| \*Adjudicated Offense(s) Resulting in Supervision: | | | | | Click to enter text | | | |