



INTERSTATE COMPACT FOR JUVENILES VIOLATION REPORT

FORM IX

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

Sending State Court/Case #(s): _____

Name of Juvenile: _____ DOB: _____

Address: _____ (Street address) _____ (City) _____ (State) _____ (Zip)

Primary Phone #: _____ Supervision Level: _____ Maximum Exp. Date: _____

Supervising Agent's last personal contact with juvenile: _____ (Date)

VIOLATION REPORT

DETAILS OF NON-COMPLIANCE (including specific dates of technical violation(s)):

DESCRIPTION OF SUPPORTING DOCUMENTATION PROVIDED, if available (police reports, drug testing results, etc.):

PENDING CHARGES IN THE RECEIVING STATE? YES NO COURT APPEARANCES? YES NO

If YES, please provide court documents and a brief explanation of the current legal situation and/or a description of charges below:

Date of New Charges: _____ Status/Disposition of New Charges: _____

DESCRIPTION OF EFFORTS MADE TO REDIRECT BEHAVIOR (including therapeutic interventions, incentives and/or graduated sanctions, or other corrective actions):

RECOMMENDATION: Continue Supervision Request Discharge Request Revocation

REASONING FOR RECOMMENDATION:

Submitted by:

(Supervising Agent)

(Date)

(Supervisor)

(Date)

(Compact Official)

(Date)

For ICJ Official use only:

SENDING STATE RESPONSE TO DISCHARGE OR REVOCATION REQUEST:

Action To Be Taken: _____ Date Action Will Occur: _____

(Compact Official)

(Date)