INTERSTATE COMPACT FOR JUVENILES

HOME EVALUATION REPORT

FORM VIII

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

Sending State Court/Case #(s): _____

Name of Juvenile: _____ DOB: _____

PROPOSED RESIDENCE EVALUATED:

Name: _____ Relationship: _____

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

Primary Phone #: _____ Secondary Phone #: _____

HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.):

FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If employed, who will supervise the juvenile):

LEGAL HISTORY OF FAMILY (current charges, probation or parole status):

PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs):

ALL CONDITIONS OF SUPERVISION AVAILABLE IN RECEIVING STATE:

(Yes/No/Conditions Not Yet Provided (Parole Only))

EXPLANATION OF CONDITION(S) WHICH CANNOT BE PROVIDED BY RECEIVING STATE:

OTHER COMMENTS (recommendations, questions, concerns):

☐ Supervision recommended ☐ Supervision not recommended

DETAILED JUSTIFICATION IF SUPERVISION NOT RECOMMENDED (include why proposed residence is not safe and/or suitable):

COMPLETED BY:

_____ _____
(Caseworker or Probation/Parole Officer) (Agency)

_____
(Date)

_____ _____
(Supervisor) (Date)

REPORTING INSTRUCTIONS (if juvenile has not relocated):

Juvenile is to be instructed to report ☐ in person **OR** ☐ by phone, within 48 hours of arrival, to the following:

Name: _____ Phone #: _____
(Receiving State Caseworker or Probation/Parole Officer)

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

For ICJ Official use only:

☐ Supervision approved ☐ Supervision denied _____
(Date)

_____
(Compact Official)