



# INTERSTATE COMPACT FOR JUVENILES

FORM VII

## OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

VACATION/VISIT ONLY     VISIT FOR TESTING RESIDENCE    **PLACEMENT IN RESIDENTIAL FACILITY**

To: \_\_\_\_\_ From: \_\_\_\_\_  
(Receiving State) (Sending State)

From: \_\_\_\_\_  
(Name, Title) (Agency/Department) (Phone #)

Re: \_\_\_\_\_  
(Juvenile's Name) (DOB) (Race/Sex)

\*If known: \*Ht: \_\_\_\_\_ \*Wt: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_

\_\_\_\_\_  
(Offense) (Court/Agency #) (Legal Status)

### Current Residence

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Permission is granted to the above-named juvenile to visit the State of \_\_\_\_\_  
from \_\_\_\_\_ until \_\_\_\_\_  
(Date) (Date)

He  She will be staying with/at \_\_\_\_\_  
(Name/Facility) (Relationship)

at \_\_\_\_\_  
(Full Address) (City) (State) (Zip) (Phone #)

Reason for Visit: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(Name) (Title) (Date)

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of \_\_\_\_\_,  
Department/Court \_\_\_\_\_. I hereby agree that I will comply with the rules and regulations of my  
state of jurisdiction and the State of \_\_\_\_\_ and with the above conditions and instructions. I will  
return to the State of \_\_\_\_\_ on \_\_\_\_\_ voluntarily and without further formality. In signing this  
agreement, I also understand that my failure to comply with the conditions may result in my being considered absent  
without leave (AWOL), and a warrant and requisition may be issued for my apprehension and return to the State of  
\_\_\_\_\_ for further disciplinary action.

I have read the above OR  I have had the above read and explained to me, and I understand the meaning of it and agree thereto.

\_\_\_\_\_  
(Juvenile's Signature) (Date)

Witnessed by: \_\_\_\_\_  
(Signature of Caseworker or Probation/Parole Officer) (Title) (Date)

Approved by: \_\_\_\_\_  
(Signature of Supervisor) (Title) (Date)