INTERSTATE COMPACT FOR JUVENILES

FORM VIII

Home Evaluation Report Form

Sending State: _____ Receiving State: _____

Juvenile's Name: _____ DOB: _____ Case # _____

☐ Placement recommended ☐ Placement not recommended

PROPOSED PLACEMENT INVESTIGATED:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work 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 proposed placement resource works, who will supervise the juvenile):

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

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

OTHER COMMENTS (recommendations, questions, concerns):

REPORTING INSTRUCTIONS:

Name: _____ Agency: _____

Address: _____ Telephone # _____

_____ _____
(Investigating worker – printed name) (Supervisor – printed name)

_____ _____ _____ _____
(Investigating worker - signature) (Date) (Supervisor - signature) (Date)

For ICJ Official use only:

☐ Placement approved ☐ Placement denied _____
(Date)

_____
(Compact Official signature)