



INTERSTATE COMPACT FOR JUVENILES
CONSENT FOR VOLUNTARY RETURN OF OUT OF STATE JUVENILE(S)

FORM III

Michigan Department of Human Services

I, _____ recognize that I legally belong with
(Juvenile's Name)

_____ in _____
(Name of Legal Guardian or Custodian or agency seeking return) (City/State)

and I voluntarily consent to return there without further formality, either by myself or in the company of such person as the
appropriate authority may appoint for that purpose.

_____ (Date) _____ (Juvenile's Signature)

I, _____, Judge of _____
(Judge's Name) (Court or Jurisdiction)

having informed the juvenile named above of [] his [] her rights under the Interstate Compact for Juveniles prior to the
execution of the foregoing consent, do hereby find that the voluntary return of said juvenile to:

_____ in _____
(Legal Guardian/Custodian or agency seeking return) (Contact name & phone number) (City/State)

is appropriate and in the best interest of said juvenile, and do so order such return.

_____ (Date) _____ (Judge's Signature)

TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED (Optional):

I, _____ being the [] Counsel [] Guardian Ad Litem of _____
(Name of Juvenile)

recognize and agree that I have consulted with the juvenile about his/her voluntary consent to return to:

_____ in _____
(Name of Legal Guardian or Custodian or agency seeking return) (City/State)

_____ (Date) _____ (Signed - Counsel or Guardian Ad Litem)

(Form will be certified or authenticated in accordance with practice of the court.)

Original: Court file; 1 copy each: Juvenile, Holding State's Compact Administrator, Home/Demanding State's Compact
Administrator, Local Court in Demanding State.

DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE, & CONTACT INFORMATION

DOB: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Eye color: _____

Hair color and style: _____

Tattoos, scars, identifying marks: _____

Clothing (including shoes): _____

Home/Demanding State's contact name and phone #: _____

AUTHORITY: Public Act 56, 2003
COMPLETION: Required.
PENALTY: Youth may not be returned.

Department of Human Services (DHS) will not discriminate against any individual or group
because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual
orientation, gender identity or expression, political beliefs or disability. If you need help with
reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make
your needs known to a DHS office in your area.

DISTRIBUTION: Original - Court File Copy - Juvenile
Copy - Receiving State Compact Administrator
Copy - Sending State Compact Administrator