



INTERSTATE COMPACT FOR JUVENILES

FORM VII

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN
Michigan Department of Human Services

VACATION/VISIT ONLY VISIT FOR TESTING PLACEMENT

To: (Receiving State) From: (Sending State)
From: (Name, Title) (Agency/Department) (Phone #)
Re: (Juvenile's Name) (DOB) (Race/Sex)
(Offense) (Court/Agency #) (Legal Status)

Current Placement

Name:
Relationship:
Address:
Phone:

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

He She will be staying with (Name) (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, 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)



INSTRUCTIONS FOR COMPLETING THE ICJ OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN FORM

PLEASE TYPE OR PRINT LEGIBLY

WHEN TO COMPLETE THIS FORM: This form is to be completed when a juvenile probationer or parolee is going to visit/vacation in another State or for the purpose of testing a proposed placement. Please refer to Rule 5-102.

Check the appropriate Box indicating the type of travel: VACATION/VISIT ONLY OR VISIT FOR TESTING PLACEMENT

TO: State in which the juvenile will be visiting.

FROM: State requesting the visit.

FROM: (Name, Title, Agency/Department, Phone #): List the Name, Title, Agency/Department, and the Telephone Number of the probation/parole officer requesting the visit.

RE: (Juvenile’s Name, DOB, Race, and Sex): Insert the information regarding the juvenile who is traveling.

Offense/Court/Agency/Legal Status: Insert the information regarding the juvenile who is traveling.

Current Placement: Insert the Name, Relationship, Address, and Telephone Number in the Home/Sending State where the juvenile resides.

To visit the State of: Insert the name of the Receiving State where the juvenile will be visiting.

Date (of visit) “from/until”: Insert the dates that the juvenile will be visiting in the Receiving State.

Check the box for “He or She”.

Juvenile will be staying with: Insert the Name, Relationship, Address, and Telephone Number of the person the juvenile will be visiting.

Reason for visit: Explain the purpose of the visit.

Mode of Transportation: Explain how the juvenile will be traveling.

Special Instructions: Include any instructions for the juvenile while they are traveling; such as, to report to their Probation/Parole officer while they are traveling or when they return.

First Sentence: “recognize that I am under the legal custody/jurisdiction of the State of”: Insert the name of the Home/Sending State and their Department and court.

Second Sentence: “I will comply with the rules of my State of jurisdiction and the State of”: Insert the name of the Receiving State.

Third Sentence: “I will return to the State of”: Insert the name of the Home/sending State and Insert the date of the juveniles return.

Fourth Sentence: “may be issued for my return to the State of”: Insert the name of the Home/Sending State.

The Juvenile should Check the appropriate box showing that he understands the meaning of the Travel Permit.

Signatures: The form should be signed and dated by the juvenile, who is traveling, their probation/parole officer, and the probation/parole officer’s supervisor.

<p>AUTHORITY: Public Act 56, 2003 COMPLETION: Required. PENALTY: Juvenile may not be returned.</p>	<p>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.</p>
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