



# INTERSTATE COMPACT FOR JUVENILES

FORM VIII

## Home Evaluation Report Form

Sending State: \_\_\_\_\_ Receiving State: \_\_\_\_\_

Juvenile's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case # \_\_\_\_\_

Supervision recommended  Supervision not recommended

**PROPOSED F9G-89B79'9J5 @ ATED:**

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

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

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).

OTHER COMMENTS (recommendations, questions, concerns):

**REPORTING INSTRUCTIONS:**

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

Agency: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

\_\_\_\_\_  
(Evaluating worker – printed name)

By checking this box, I confirm the validity of the information contained within this form.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor – printed name)

By checking this box, I confirm the validity of the information contained within this form.

\_\_\_\_\_  
(Date)

For ICJ Official use only:

Supervision approved

Supervision denied

\_\_\_\_\_  
(Date)

By checking this box, I confirm the validity of the information contained within this form.

\_\_\_\_\_  
(Compact Official Name)