



# INTERSTATE COMPACT FOR JUVENILES

FORM III

## CONSENT FOR VOLUNTARY RETURN BY RUNAWAY, ESCAPEE OR ABSCONDER OR JUVENILE CHARGED AS DELINQUENT

FORM III

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

\_\_\_\_\_ in \_\_\_\_\_  
(Name of Legal Guardian/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 as provided below (fill in or check appropriate item):

Unaccompanied OR  Accompanied by: \_\_\_\_\_

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

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### TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED:

I, \_\_\_\_\_ being the  Counsel  Guardian *Ad Litem* of \_\_\_\_\_  
(Name of Juvenile)

recognize and agree that said juvenile should return to \_\_\_\_\_ in \_\_\_\_\_  
(Legal Guardian or Custodian or agency seeking return) (City/State)

either unaccompanied or in the company of such person as the appropriate authority may appoint. I hereby consent to such return.

\_\_\_\_\_ (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.**

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### DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE, & CONTACT INFORMATION

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Eye color: \_\_\_\_\_

Hair color and style: \_\_\_\_\_

Tattoos, scars, identifying marks: \_\_\_\_\_

Clothing (including shoes): \_\_\_\_\_

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