

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO:	FROM: ICPC Deputy Compact Administrator 275 East Main Street, 3E-D Frankfort, Kentucky 40621
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IDENTIFYING INFORMATION	
CHILD'S NAME:	BIRTH DATE:
MOTHER'S NAME	FATHER'S NAME
NAME OF PLACEMENT RESOURCE:	

PLACEMENT STATUS	
<input type="checkbox"/> PLACEMENT REQUEST WITHDRAWN	DATE
<input type="checkbox"/> INITIAL PLACEMENT WITH:	DATE
NAME:	
ADDRESS:	
TYPE OF CARE	
<input type="checkbox"/> PLACEMENT CHANGE	DATE:
<input type="checkbox"/> NAME:	
<input type="checkbox"/> ADDRESS:	
<input type="checkbox"/> TYPE OF CARE:	

COMPACT TERMINATION	
REASON:	
<input type="checkbox"/> ADOPTION FINALIZED	<input type="checkbox"/> IN SENDING STATE
<input type="checkbox"/> CHILD REACHED MAJORITY/LEGALLY EMANCIPATED	<input type="checkbox"/> IN RECEIVING STATE
<input type="checkbox"/> LEGAL CUSTODY AND/OR GUARDIANSHIP AWARDED AND/OR RETURNED TO:	
NAME:	RELATIONSHIP:
<input type="checkbox"/> TREATMENT COMPLETED	
<input type="checkbox"/> SENDING STATE'S JURISDICTION TERMINATED	<input type="checkbox"/> UNILATERALLY
<input type="checkbox"/> CHILD RETURNED TO SENDING STATE	
<input type="checkbox"/> APPROVED RESOURCE WILL NOT BE USED FOR PLACEMENT	
<input type="checkbox"/> OTHER (SPECIFY)	
DATE OF COMPACT TERMINATION:	

SIGNATURES	DATE SIGNED
PERSON/AGENCY SUPPLYING INFORMATION:	
REPORTING COMPACT ADMINISTRATOR:	

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 SENDING COMPACT COMPACT ADMINISTRATOR RETAINS ONE (1) COPY AND FORWARDS TWO (2) TO:
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