

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS**

TO:	FROM:		
<b>SECTION I—IDENTIFYING DATA</b>			
Name of Child:	Child's DOB		
Name of Parent 1:	Name of Parent 2:		
Name of Resource	Phone:		
Address:	Email Address (optional):		
Type of Care	Phone:		
<b>SECTION II—PLACEMENT STATUS</b>			
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State:		
<input type="checkbox"/> Placement Change	Effective Date of Change:		
<b>SECTION III—COMPACT PLACEMENT TERMINATION</b>			
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s)			<input type="checkbox"/> Court Order Attached
Name:			
<input type="checkbox"/> Legal Custody Given to Relative			<input type="checkbox"/> Court Order Attached
Name:			Relationship:
<input type="checkbox"/> Legal Custody Given to Other (specify)			<input type="checkbox"/> Court Order Attached
Name:			Relationship:
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Child Has Moved to Another State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
<input type="checkbox"/> Other (Specify):			
<input type="checkbox"/> <b>DATE OF TERMINATION:</b>			
<b>SECTION IV—SIGNATURES</b>			
Signature of Person/Agency Supplying Information:			Date:
Signature of Compact Administrator, Deputy, or Alternate:			Date: