

# INTERSTATE COMPACT ON JUVENILES



ROSTER PAGE

ROSTER

OFFICE HOURS: \_\_\_\_\_ TIME ZONE: \_\_\_\_\_ STATE: \_\_\_\_\_

## COMPACT ADMINISTRATOR

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

## DIRECT INQUIRIES/CORRESPONDENCE TO:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Title: \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_ E-mail # \_\_\_\_\_

\_\_\_\_\_

## BACK-UP CONTACT:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_

## SEX OFFENDER REGISTRATION REQUIREMENTS:

## SURVEILLANCE PROVIDED AT THE FOLLOWING AIRPORTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF ADVANCE NOTIFICATION NEEDED: \_\_\_\_\_ Days \_\_\_\_\_ Hours

| LEGAL CITATION                     | STATUTE | DATE |
|------------------------------------|---------|------|
| BASIC COMPACT                      |         |      |
| Optional Runaway Amendment         |         |      |
| Rendition Amendment                |         |      |
| Out-of-State Confinement Amendment |         |      |