



# TJJD REGIONAL DIVERSION APPLICATION

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

Instructions for completing this form are available online at [http://www.tjjd.texas.gov/publications/regionalization/TJJD\\_REG\\_007I.docx](http://www.tjjd.texas.gov/publications/regionalization/TJJD_REG_007I.docx).

I. YOUTH OVERVIEW		
Youth's Name (Last, First, Middle Initial)	County Where Youth Was Adjudicated	Department's Recommended Deadline or Court Date
[REDACTED] 18-00303	Collin	06/20/2018
Youth's Date of Birth (MM/DD/YYYY)	Youth's PID Number	Youth's IQ
07/27/2005	0430024901	78

II. RISK AND NEEDS ASSESSMENT		
Name of Risk Assessment Tool Used		
TJJD-RANA		
Risk Assessment		Needs Assessment
High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input checked="" type="checkbox"/>
		High <input type="checkbox"/>
		Moderate <input checked="" type="checkbox"/>
		Low <input type="checkbox"/>

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
03/07/17	Theft Property >=\$100 <\$750	Deferred by Prosecutor	Unsuccessful

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
09/17/17	Indcency W/A Child Exposes	Probation w/placement	Unsuccessful
<b>Felony Level:</b> <input type="checkbox"/> 1 <sup>st</sup> Degree/Capital <input checked="" type="checkbox"/> 3 <sup>rd</sup> Degree <input type="checkbox"/> 2 <sup>nd</sup> Degree <input type="checkbox"/> State Jail		<b>Presence of:</b> Felony Sex Offense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Felony against Person*: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon or Firearm: <input type="checkbox"/> Yes <input type="checkbox"/> No * See TJJD-REG-007I for a list of offenses against person	

VI. PRIOR INTERVENTIONS								
Enter the number of times the youth has been enrolled in each treatment category. Check "successful" or "unsuccessful" for the most recent outcome for each intervention type attempted.								
SBT - Sexual Behavior Treatment FC - Family Counseling			AOD - Alcohol/Other Drug MH/PS - Mental Health/Psychiatric Services (e.g., psychiatric hospital)			AM/VO - Anger Management/Violent Offender MHC - Mental Health Counseling (e.g., treatment for depression/anxiety)		
Prior Interventions	Treatment Types					Successful	Unsuccessful	
	SBT	AOD	MH/PS	MHC	AM/VO			FC
Placed at Home in the Community					1	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment							<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospital			3				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
Post-adjudication Facility	1						<input type="checkbox"/>	<input checked="" type="checkbox"/>
TJJD Commitment							<input type="checkbox"/>	<input type="checkbox"/>
Other							<input type="checkbox"/>	<input type="checkbox"/>

Please include any additional, relevant information regarding prior interventions and/or modifications:

**VII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION**
 Psychological Evaluation   
 Inter-Agency Application for Placement   
 Other
**VIII. JUVENILE PROBATION DEPARTMENT REQUEST FOR ASSISTANCE .**

*Please indicate what type of assistance the juvenile probation department is requesting for the youth, including a recommendation for what type of treatment or intervention is needed and the needs to be addressed.*

Monetary assistance for placement assistance to address mental health and sexual acting out behaviors. Aftercare as directed by Pegasus Schools Inc and provided/coordinated by Collin County Clinical Staff.

**IX. PROPOSED PLACEMENT/SERVICE/PROGRAM .**

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Pegasus Schools Inc.	365 days	\$197.69

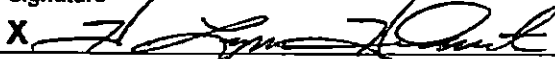
**CERTIFICATION**

*I certify that, if not for the Regionalization Diversion program, the disposition recommendation would be commitment to TJJD.*

Name of Chief Juvenile Probation Officer

H. LYNN HADNOT

Signature



Date

06-05-18

*TJJD has five workdays to respond to a juvenile probation department's request. TJJD will make reasonable efforts to expedite responses upon request.*

The chief juvenile probation officer must sign the form before it is submitted to TJJD.  
Scan and email a copy of the form to [RegionalizationApplications@tjtd.texas.gov](mailto:RegionalizationApplications@tjtd.texas.gov).