



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.

I. YOUTH OVERVIEW

Youth's Name (Last, First, Middle Initial)	Department Submitting Application	Youth's Next Disposition Court Date
EEE	Collin County Juvenile Probation Services	May 2, 2019
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ
July 10, 2006	0430026009	127 (Superior Intelligence)

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used	
RANA	
Risk Assessment	Needs Assessment
High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low <input type="checkbox"/>	High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
April 7, 2018	Aggravated Assault With Deadly Weapon	Court Ordered Probation	Adjudicated on October 16, 2018
June 10, 2018	Arson Intend Damage Havitation?Place of Worship AIT	Court Ordered Probation	Adjudicated on October 16, 2018
N/A			

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD

Date	Offense	Disposition	Outcome
June 10, 2018	Arson Intend Damage Havitation/Place of Worship AIT	Court Ordered Probation	Adjudicated on October 16, 2018

Felony Level:
☒ 1st Degree/Capital ☐ 3rd Degree
☐ 2nd Degree ☐ State Jail

Presence of:
Felony Sex Offense: ☐ Yes ☐ No
Felony against Person*: ☒ Yes ☐ No
Weapon or Firearm: ☐ Yes ☐ No
* See TJJD-REG-007i for a list of offenses against person

Is an original petition alleging delinquent conduct or a motion to modify filed with the court?
Yes ☒ No ☐

VI. In order for the youth to qualify for the Regionalization Diversion program, the juvenile probation department must demonstrate a prior effort to provide appropriate interventions with priority given to the treatment needs of the youth. Intervention should be commensurate with county resources.

Did the juvenile probation department provide appropriate interventions with priority given to the treatment needs of the youth?
Yes ☒ No ☐

If no, why?
☐ No Funding Available ☐ Other, please specify:
☐ Local placements/programs/services Not Available to Meet the Youth's Needs

VII. PRIOR INTERVENTIONS

Please include all relevant information regarding prior interventions and/or modifications: **Respondent was ordered to successfully complete The Oaks at Brownwood on October 17, 2018; however, respondent was unsuccessfully discharged on March 6, 2019.**

VIII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

☒ Psychological Evaluation ☒ Interagency Application for Placement ☐ Other



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IX. 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.

EEE may benefit from an out of home placement which targets young adolescents with developmental disabilities, as well as mental health issues, with emotional and behavioral dyscontrol. His parents appear to not be in agreement regarding his issues and treatment which leads to volatile, unstructured home situation for EEE. His parents should strive for some agreement on these issues as well as consistent structure and parenting styles.

Counseling, both individual and group would be beneficial. Goals addressing social skills, frustration, coping with stress and anger management appear appropriate. Increasing EEE's perspective taking and empathy is also needed.

Continued psychiatric consultation and monitoring is needed. Staff may wish to address EEE's noted affective symptoms of depression.

Family education and parenting education is needed. Collaboration between EEE's parents is needed at this time.

X. PROPOSED PLACEMENT/SERVICE/PROGRAM

If more than one, please list in order of preference.

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)	Has Youth Been Accepted into this placements/programs/services?	
Rockdale Regional Juvenile Justice Center	Nine months	162.30	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Medicine while at Rockdale Regional Justice Center	Nine months	100.00	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	Signature of Chief Juvenile Probation Officer or Designee	Date
H. LYNN HADNOT	X [Signature]	4-30-19

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@tjjd.texas.gov.