



TJJD Regional Diversion Application

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Instructions for completing this form are available on the TJJD website

I. YOUTH OVERVIEW			
Youth's Name (Last, First, Middle Initial)	Department Submitting Application	Youth's Next Disposition Court Date	
AC	Collin County Juvenile Probation Department	11/30/2019	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
01/11/2005	0430026505	109	

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

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
09/09/2019	Violation Juvenile Court Order		

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
02/12/2019	Aggravated Sexual Assault of a Child	4/18/19: Adjudicated 2 years probation with placement	09/09/19: Post Adjudication Inpatient Sex Offender Program unsuccessful discharge

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
02/12/2019	Aggravated Sexual Assault of a Child		
Felony Level:		Presence of:	
<input checked="" type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree		Felony Sex Offense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail		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	
Is an original petition alleging delinquent conduct or a motion to modify filed with the court?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If no, why?	
<input type="checkbox"/> No funding available <input type="checkbox"/> Other, please specify:	
<input type="checkbox"/> Local placements/programs/services not available to meet the youth's needs	

VII. PRIOR INTERVENTIONS	
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Please include all relevant information regarding prior interventions and/or modifications: On April 18, 2019, Respondent was placed in the Collin County Sex Offender Inpatient Program. On September 19, 2019, Respondent was discharged unsuccessfully from the program.

VIII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

☒ Psychological Evaluation ☒ Interagency Application for Placement ☐ Risk and Needs Assessment ☐ Other

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.

Respondent would benefit from an out of home placement that targets young adolescents with sexual behavior problems. Counseling, both individual and group would be beneficial. Respondent would benefit from a structured treatment plan that targets his individual risk factors. He needs to be provided the treatment he needs to ensure that there will be no more victims. Parents need to be involved in each step of the treatment process to maximize generalization once the youth is returned to the community.

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 Placement/Program/Service?
Center for Success and Independence at Rockdale Academy	Up to 12 months	\$197.69	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"/>
			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 Hiram Hadnot	Signature of Chief Juvenile Probation Officer or Designee X	Date 11-14-19
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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.