

DIVERSION PLACEMENT VERIFICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Fill out the information below for a juvenile whose diversion application has been approved and send the completed form to Ashley Kintzer (ashley kintzer@tijd.texas.gov).

Juvenile's Name: PID:22644			Date of Birth:	XX-XX-XXXX
Diversion Application #: 16-D0056		County: Collin	County	
Judge: Honorable Cynthia M. Wheless		Judicial District:	417 th Judicial District	
Name of Placement: G4S		95	Date of Placement:	08-12-2016
Daily Rate of Placement: \$140.00		Anticipated Lengt	h of Stay:180 Days	
Total Amount for Placement:	\$25,200.00			
Name of Aftercare Treatment Provider:	Gulf Coast T	rade Center		
Rate for Aftercare Treatment:	\$104.00	□ Daily Rate	☐ Flat Rate	
Anticipated Length of Aftercare Service:	180 Days	Total Amount for	Aftercare Treatment:	\$18,720.00
If your department receives reimburse reason are not used to pay for the abo	ment funds fro ove placement	m the Texas Juven. t/aftercare treatmen	ile Justice Department (t, those funds must be	(TJJD) that for any returned to TJJD.
H. Lynn Hadnot, Director	X	Zl Rym	The	08-18-16
Printed First and Last Name	Si	ignature //		Date