



TJJD REGIONAL DIVERSION APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I. YOUTH OVERVIEW

County Where Youth Was Adjudicated: **Collin County** Department's Recommendation Deadline or Court Date:
Youth's PID Number: **24061**

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used:

RANA

Risk Assessment

High ☒

Moderate ☐

Low ☐

Needs Assessment

High ☒

Moderate ☐

Low ☐

III. PRIOR MISDEMEANOR REFERRAL AND ADJUDICATIONS

Date	Offense	Disposition	Outcome

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
5-24-16	Burglary of Habitation	Adjudicated to Placement	Unsuccessful Discharge

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

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

VI. PRIOR INTERVENTIONS

Enter the number of times the youth received each type of intervention at each type of placement. Check successful or unsuccessful for the most recent outcome for placement.

SBT- Sexual Behavior Treatment

AOD- Alcohol/Other Drug

AMVO- Anger Management/Violent Offender

FC- Family Counseling

MH/PS- Mental Health/Psychiatric Services
(e.g., psychiatric hospital)

MHC- Mental Health Counseling
(e.g., treatment for depression/anxiety)

Prior Interventions	SBT	AOD	MH/PS	MHC	AMVO	FC	Successful	Unsuccessful
Community Services							<input type="checkbox"/>	<input type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment							<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospital							<input type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
County Operated Post Adj. Facility				1	1	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TJJD Commitment/Treatment Type							<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

☒ 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 the recommendation for what treatment or intervention is needed (i.e., criminogenic need), needs to be addressed, and plans for aftercare.

Seeking services for gang/criminal mentality; behavior modification treatment. Aftercare to be provided through Collin County.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

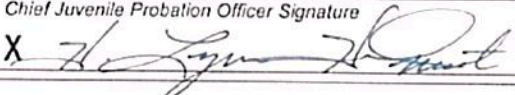
Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
G4S in Brownwood (regular tract)	9-12 months	\$162.30

X. PROPOSED AFTERCARE PLAN

Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Aftercare services through Collin County	6-9 months	

CERTIFICATION

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

Printed First and Last Name	Chief Juvenile Probation Officer Signature	Date
H. Lynn Hadnot	X 	03-14-17

TJJD REVIEW AND COMMENT

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

Printed First and Last Name	Director of Community Mental Health Services Signature	Date
	X	
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
Printed First and Last Name	Senior Director of Probation & Community Services Signature	Date
	X	
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion <input type="checkbox"/> Authorization Granted		