

TJJD-REG-007 SIGNATURE PAGE

Texas
Juvenile
Justice
Department

KMM	County vinere rot	ıth Was Adjudicated	
	Collin		
Youth's Date of Birth (MM/DD/YYYY)	/YYYY) Youth's PID Number		
2/8/2008	0430026993	0430026993	
TJJD RECOMMENDATION			
Staffing Review Date	Application Number		
3/10/2020	20-D0256		
 Does the application meet target pop Yes Does the application meet any of the Younger offenders (those betw Youth with a serious mental illimage) Youth with a developmental or Youth with non-violent offense Youth with low- to moderate-rise Youth for whom there is clear defined in Section 20A.02, Pegatom Youth who have four or more at Youth who have four or more at Yes As provided by the department and retreatment needs be met at the recom Yes 	priority populations? These veen the ages of 10-14); ness; intellectual disability; s; sk levels for re-offense; concern they have been, will nal Code; or adverse childhood experience appropriate?	be, or are being sex trafficked, as es (ACEs).	
 If outside the region - why? Most appropriate as identified by the departme Is the recommended length of stay ar 		Yes	
Most appropriate as identified by the departme Is the recommended length of stay are		Yes Approved Daily Rate	
Most appropriate as identified by the departme Is the recommended length of stay as Approved Facility Youth Center of the High Plains	nd cost per day appropriate?		
Most appropriate as identified by the departme Is the recommended length of stay an Approved Facility	Approved Length of Stay	Approved Daily Rate	
Most appropriate as identified by the departme Is the recommended length of stay as Approved Facility Youth Center of the High Plains Other Reasoning for Approval: If not recommended for approval, provide the rationale here:	Approved Length of Stay	Approved Daily Rate	
Most appropriate as identified by the departme Is the recommended length of stay and approved Facility Outh Center of the High Plains Other Reasoning for Approval: Inot recommended for approval, provide the rationale here:	Approved Length of Stay	Approved Daily Rate	
Most appropriate as identified by the departme Is the recommended length of stay are pproved Facility Outh Center of the High Plains Other Reasoning for Approval: Inot recommended for approval, provide the rationale here: JJD SIGNATURES Ounty Program Administrator	Approved Length of Stay 365 Days	\$150.00	
Most appropriate as identified by the departme Is the recommended length of stay and approved Facility Outh Center of the High Plains Other Reasoning for Approval: Inot recommended for approval, provide the rationale here: SJJD SIGNATURES County Program Administrator Lyan Bristow	Approved Length of Stay 365 Days Signature	\$150.00 Date	
Most appropriate as identified by the departme Is the recommended length of stay and approved Facility Outh Center of the High Plains Other Reasoning for Approval: Finot recommended for approval, provide the rationale here: CJJD SIGNATURES County Program Administrator Cyan Bristow Recommend for Diversion Do No	Approved Length of Stay 365 Days Signature X RBristow	\$150.00 Date	
Most appropriate as identified by the departme Is the recommended length of stay and Approved Facility Youth Center of the High Plains Other Reasoning for Approval: If not recommended for approval, provide the rationale here: YJJD SIGNATURES County Program Administrator Ryan Bristow Recommend for Diversion Do No	Approved Length of Stay 365 Days Signature X RBristow t Recommend for Diversion Signature	Approved Daily Rate \$150.00	
Most appropriate as identified by the departme Is the recommended length of stay and Approved Facility Youth Center of the High Plains Other Reasoning for Approval: If not recommended for approval, provide the rationale here: TJJD SIGNATURES County Program Administrator Ryan Bristow Recommend for Diversion Do No Community Mental Health Program Administrator Susan Palacios, PhD, LPC	Approved Length of Stay 365 Days Signature X RBristow t Recommend for Diversion Signature	### Approved Daily Rate \$150.00 Date	



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TEXAS
JUVENILE
JUSTICE
DEPARTMENT

			BEITHORN
Deputy Executive Director of Probation S	Services	Signature	Date
Low Ser		X	3-10-19
Recommend for Diversion	☐ Do No	ot Recommend for Diversion	