



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	
[REDACTED] F.J.F-S	Collin County Juvenile Probation	8-4-2020	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
10-31-2005	0430027314		5

II. RISK AND NEEDS ASSESSMENT	
Name of Risk and Needs Assessment Tool Used PACT (Full-Screen)	
Risk Assessment	Needs Assessment
High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low <input type="checkbox"/>

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
9-27-20	Evading Arrest Detention	Motion to Modify Pending	Pending
9-27-20	Terroristic Threat of Family/Household	Motion to Modify Pending	Pending
9-27-20	Terroristic Threat of Family/Household	Motion to Modify Pending	Pending
12-23-19	Assault Causes Bodily Injury Family Violence	Deferred Prosecution	Failed Deferred Prosecution Case Pending
3-4-20	Resisting Arrest Search of Transport	Deferred Prosecution	Taken Into Consideration

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
6-6-20	Aggravated Assault with a Deadly Weapon	Pending	N/A

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
6-6-20	Aggravated Assault with a Deadly Weapon	Pending	N/A
Felony Level:		Presence of:	
<input type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree		Felony Sex Offense: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail		Felony against Person*: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Weapon or Firearm: <input checked="" 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:



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☐ 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: **Letot Center in 2019, Sanction Guideline Level 4 probation, Community Service, Metrocare for counseling and psychotropic medication prescriptions. Regular reporting for probation and regular contact with Melissa Middle School student resource officer.**

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.

It is requested that assistance to cover costs during his time at Rockdale Academy is needed as he addresses his needs for mental health along with substance abuse.

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?	
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 H. Lynn Hadnot	Signature of Chief Juvenile Probation Officer or Designee X	Date 07/31/2020
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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.