



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	
██████████ JD	COLLIN COUNTY	Agreed Plea 1/7/2021	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
08/16/2005	0430026146		

II. RISK AND NEEDS ASSESSMENT	
Name of Risk and Needs Assessment Tool Used	
PACT- Full	
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

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
10/4/2019	Indecency W. Child Sexual Contact	Two Years Probation	Sent to Placement
10/4/2019	Unlawful Restraint: Exposed to SBI	Two Years Probation	Sent to Placement

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
10/4/2019	Indecency W. Child Sexual Contact	Two Years Probation	Sent to Placement
Felony Level: <input type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree <input checked="" type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail		Presence of: Felony Sex Offense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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-007 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
Please include all relevant information regarding prior interventions and/or modifications: The youth was placed in the Collin County Juvenile In-Patient Sex Offender program and successfully completed said program. Once released from In-Patient the youth was placed in the Out Patient program where the youth was unsuccessful and now requires a higher level of care.



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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.

The probation department is requesting a high level, secure sex offender program.

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 Sex Offender Program	6 to 9 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 12/18/2020
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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@tjtd.texas.gov.**