



# 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]	Collin County	March 15, 2021	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
11/23/04	0430026973	97	5

### II. RISK AND NEEDS ASSESSMENT

Name of Risk and Needs Assessment Tool Used

PACT Full Screen

Risk Assessment

High  Moderate  Low

Needs Assessment

High  Moderate  Low

### III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
8/29/19	Theft of Property over \$100.00 under \$750.00	DPD	Completed

### IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
5/28/20	2 cts Indecency with a Child by Contact	2 years supervision	Motion to Modify Filed

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

Date	Offense	Disposition	Outcome
5/28/20	MTM/2 cts Indecency with a Child by contact	Pending	

Felony Level:

1<sup>st</sup> Degree/Capital  3<sup>rd</sup> Degree  
 2<sup>nd</sup> 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

Is an original petition alleging delinquent conduct or a motion to modify filed with the court?

Yes  No

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  No

If no, why?

No funding available  Other, please specify:

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: **Placed in the Collin County In-Patient Sex Offender Program from 7//16/20 until 2/23/21**



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### 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.

Continued sex offender treatment in a non-lockdown environment.

### 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?	
Pegasus Schools Inc	9 months	\$162.30	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 <b>H. Lynn Hadnot</b>	Signature of Chief Juvenile Probation Officer or Designee <b>X</b>	Date <b>3/12/21</b>
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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](mailto:RegionalizationApplications@tjjd.texas.gov).**