

DIVERSION PLACEMENT VERIFICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Fill out the information below for a youth whose diversion application has been approved and send the completed form to RegionalizationApplications@tjid.texas.gov.

Youth's Name:				Date o	f Birth:	12/28/2010
Diversion Application #:		County:	Collin			
Judge: Cynthia Wheless		Judicial District:		417th District Court		
Name of Placement: Center for Succ	cess and Indepe	endence Ro	ckdale	_ Date of I	Placement:	08/06/21
Daily Rate of Placement: \$197.69		Anticipate	ed Length	of Stay:	365 days	
Total Amount for Placement:	\$72,156.85					
If your department receives reimburs reason are not used to pa						
Felisa Garrett	X	tell	04	<u>Jan</u>	MC_	08/05/2
Printed First and Last Name	S	ignature	•			Dateí (