



TJJD Regional Diversion Application

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

[Instructions for completing this form are available on the TJJD website](#)

I. YOUTH OVERVIEW			
<i>Youth's Name (Last, First, Middle Initial)</i>	<i>Department Submitting Application</i>	<i>Youth's Next Disposition Court Date</i>	
██████████	Juvenile Probation Department Plano	August 17, 2022	
<i>Youth's Date of Birth (MM/DD/YYYY)</i>	<i>Youth's Full PID Number</i>	<i>Youth's IQ</i>	<i>Youth's ACE Score</i>
08/10/2005	0430027000	84	

II. RISK AND NEEDS ASSESSMENT	
<i>Name of Risk and Needs Assessment Tool Used</i>	
PACT Assessment	
<i>Risk Assessment</i>	<i>Needs Assessment</i>
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			
<i>Date</i>	<i>Offense</i>	<i>Disposition</i>	<i>Outcome</i>

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
<i>Date</i>	<i>Offense</i>	<i>Disposition</i>	<i>Outcome</i>
07/01/2019	Agg Sexual Assault/Child	Adjudicated	24 Months Probation and Placement in Collin County Juvenile Post Adjudication Sex Offender Inpatient Program

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
<i>Date</i>	<i>Offense</i>	<i>Disposition</i>	<i>Outcome</i>
07/01/2019	Agg Sexual Assault/Child	Adjudicated	24 Months Probation and Placement in Collin County Juvenile Post Adjudication Sex Offender Inpatient Program
Felony Level:		Presence of:	
<input checked="" type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree <input type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail		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-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.	
<i>Did the juvenile probation department provide appropriate interventions with priority given to the treatment needs of the youth?</i>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<i>If no, why?</i>	
<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	



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VII. PRIOR INTERVENTIONS

Please include all relevant information regarding prior interventions and/or modifications: **The child was adjudicated for Agg sexual assault of a child for in that the child did then and there intentionally and knowingly cause the penetration of the anus, the mouth, and sexual organ of [REDACTED] a child who was then and there younger than 14 years of age. Juvenile was placed in the inpatient program at the Collin County Detention Facility. The Juvenile was successfully discharged from the program on both occasions however, when placed in the outpatient program the juvenile has violated his probation. Two modifications have been completed the first resulted in the second placement inpatient, the second is the recommendation for placement in Pegasus School for Sex Offender treatment.**

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 child was in the out patient program but it was recommend by the treatment team that the youth was still in need of in patient care. The juvenile has been through the Post Adjudication Sex Offender program and even though he completed the program successfully, the juvenile continues to have problems with sexual issues while in the outpatient 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?	
Pegasus School Inc.	365 days	\$220.42	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 8-17-22
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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.**