



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 Juvenile Probation	03/28/23	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
03/16/2011	0430029101	87	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

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
07/07/2022	Agg Sexual Assault Child	Probation with Placement	Unsuccessful

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

Date	Offense	Disposition	Outcome
07/07/2022	Agg Sexual Assault Child	Probation with Placement	Unsuccessful

Felony Level:

☒ 1st Degree/Capital ☐ 3rd Degree
☐ 2nd 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: **Respondent was discharged from the Collin County Juvenile In-patient Sex offender Treatment Program.**

VIII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

☒ Psychological Evaluation ☒ Interagency Application for Placement ☒ Risk and Needs Assessment ☐ Other



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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.

Funding for placement at Pegasus Schools to address the respondent's sexual behaviors.

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	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	Signature of Chief Juvenile Probation Officer or Designee	Date
H. Lynn Hadnot	X	03-06-23

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.