

## TJJD Regional Diversion Application

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Instructions for completing this form are available on the TJJD website

. YOUTH OVERVIEW							
le l	Initial)	Department Subm		Youth's Next Dis	-		
				Pending Disp	position/ Next Ann 3/29/23		
Youth's Date of Birth MY	YY)	Youth's Full PID N	lumber	Youth's IQ		Youth's ACE Score	
anuary 7, 2009		0430027932		101		8	
I. RISK AND NEEDS ASSE	SSMENT		12 (10)				
Name of Risk and Needs Assessn Full PACT	nent Tool Used						
Risk Assessment			Needs Assessment				
High ☑ Moderate □	ı	Low 🗌	High	Modera	te 🛛	Low 🗌	
II. PRIOR MISDEMEANOR I	REFERRALS	AND ADJUDICA	TIONS				
Date	Offense		Disposition		Outcome	)	
12/11/22	Assault Cau Injury	uses Bodily	Pending				
				III III			
V. PRIOR FELONY REFERE	RALS AND A	DJUDICATIONS		Wall him to		BUTCH MYON	
Date	Offense		Disposition		Outcome		
2/11/20	Agg Sexual Assault		06/21/21/ Charge reduced to Injury to Child		2 yrs Prob with first year In- Patient Program		
	Agg Sexual	Assault	Injury to Child		Patient	Program	
V. FELONY THAT WOULD H		TED IN A RECO	MMENDATION FO  Disposition  06/21/21/ Chai	OR COMMITMEN		D	
V. FELONY THAT WOULD H Date 12/11/20	IAVE RESUL	TED IN A RECO	MMENDATION FO Disposition 06/21/21/ Char Injury to a	OR COMMITMEN rge Reduced to a Child	т то туу	D	
V. FELONY THAT WOULD H Date 12/11/20 Felony Level:  1st Degree/Capital	IAVE RESUL	TED IN A RECO	Disposition 06/21/21/ Char Injury to a Presence Felony S Felony ag Weapon	or COMMITMEN  rge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm:	T TO TJJ  Outcome    Yes  Yes  Yes  Yes	D No No	
V. FELONY THAT WOULD H Date 12/11/20 Felony Level:  1st Degree/Capital	Agg Sexual  Degree State Jail	TED IN A RECO	Disposition 06/21/21/ Char Injury to a Presence Felony S Felony ag Weapon * See TJ.	or Commitmen  rge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm: JD-REG-007i for a	Outcome   Yes  Yes  Yes  Yes a list of of	D  No No No No	
//. FELONY THAT WOULD Holder    2/11/20     3	Agg Sexual  The Degree State Jail  Graph delinquent	TED IN A RECOM	Disposition  06/21/21/ Char Injury to a  Presence Felony S Felony ag Weapon * See TJ  on Diversion progressions with presence	orge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm: JD-REG-007i for a led with the coul	T TO TJJ  Outcome	D  No No No No fenses against person	
//. FELONY THAT WOULD Holder Date    2/11/20   Felony Level:   1st Degree/Capital   3 3   3 2nd Degree   5   5     s an original petition alleging   7 es   No          /I. In order for the youth to demonstrate a prior efform the properties of the juvenile probation department   No	Agg Sexual  The Degree State Jail  The delinquent qualify for the commensurate state of the comm	TED IN A RECOMMENT ASSAULT  Conduct or a meaning appropriate integrated to the with county residue.	Disposition  06/21/21/ Chainjury to a  Presence Felony S Felony ag Weapon * See TJ.  otion to modify file  on Diversion progreventions with presences.	orge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm: JD-REG-007i for a led with the country given to the	Outcome  Yes Yes Yes Yes a list of of	D  No No No No fenses against person  on department must ent needs of the yout	
//. FELONY THAT WOULD Holde  2/11/20  Felony Level:  1st Degree/Capital 3  2nd Degree 5  s an original petition alleging (es No 1)  //. In order for the youth to demonstrate a prior efform the juvenile probation department of the juvenile probation department on the juvenile probation department of the juv	Agg Sexual  The Degree State Jail  The delinquent qualify for the commensurate state of the comm	TED IN A RECOMMENT ASSAULT  Conduct or a meaning appropriate integrated to the with county residue.	Disposition  06/21/21/ Char Injury to a  Presence Felony S Felony ag Weapon * See TJ  on Diversion progerventions with presences.  Institute of the program of the presence of	rge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm: JD-REG-007i for a led with the could ram, the juvenile riority given to the treatment ne	Outcome  Yes Yes Yes Yes a list of of	D  No No No No fenses against person  on department must ent needs of the yout	
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Z. FELONY THAT WOULD Holder  2/11/20  Selony Level:  1st Degree/Capital 33  2nd Degree 5  S an original petition alleging (es No 1)  II. In order for the youth to demonstrate a prior efform (es No 1)  In order for the youth to demonstrate a prior efform (es No 1)  In order for the youth to demonstrate a prior efform (es No 1)  In order for the youth to demonstrate a prior efform (es No 1)  In o, why?	Agg Sexual  The Degree State Jail  The Gelinquent qualify for the commensural pent provide apprent and provide apprent provide	TED IN A RECOMMENT ASSAULT  Conduct or a more regionalization appropriate intervention appropria	Presence Felony S Felony as Weapon Soution to modify file For Diversion progressions with priority given	or commitment or ge Reduced to a Child e of: ex Offense: gainst Person*: or Firearm: JD-REG-007i for a led with the could gram, the juvenile riority given to the to the treatment ne	Outcome  Yes Yes Yes Yes a list of of	D  No No No No fenses against person  on department must ent needs of the yout	

Please include all relevant information regarding prior interventions and/or modifications: Respondent was initially adjudicated in June 2021 for Injury to a Child and placed in the Collin County In-Patient Program. He was unsuccessfully discharged in September 2021 due to self harming behavior. He was sent to Dallas Behavioral to be stabilized. In November 2021, his probation was modified and he was placed back into the Collin County In-Patient Program until he completed the program in June 2022. He disclosed on a monitoring polygraph to having inappropriate contact with three younger males



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during July 4<sup>th</sup> weekend.In December 2022 he was accussed of Assault CBI agauinst a babysitter.A MTM is pending for the probation violations and that Assault CBI.

TIII. OUT TOKTING DOGGWENTA	TION SUBMITTED WITH THIS APPLICA	ATION	
□ Psychological Evaluation     □	Interagency Application for Placement		essment  Other
IX. JUVENILE PROBATION DE	PARTMENT REQUEST FOR ASSISTANCE	CE	
Please indicate what type of assistance treatment or intervention is needed and	the juvenile probation department is requesting the needs to be addressed.	ng for the youth, including a re	commendation for what type of
Placement at Pegasus for up to	12 months.		
X. PROPOSED PLACEMENT/S	ERVICE/PROGRAM		
If more than one, please list in ord	er of preference.		Han Verith Boon Assessed
	Estimated Length of Service	Cost Per Day (Estimated)	Has Youth Been Accepted into This Placement/Program/
If more than one, please list in ord Placement/Service/Program		Cost Per Day (Estimated) 197.69 per day	into This Placement/Program/
If more than one, please list in ord Placement/Service/Program	Estimated Length of Service		into This Placement/Program/ Service?
If more than one, please list in ord Placement/Service/Program	Estimated Length of Service		into This Placement/Program/ Service?  Yes No
If more than one, please list in ord Placement/Service/Program	Estimated Length of Service		into This Placement/Program/ Service?  Yes No Yes No No
If more than one, please list in ord Placement/Service/Program Pegasus	Estimated Length of Service		into This Placement/Program. Service?  Yes No No Yes No Yes No
If more than one, please list in ord Placement/Service/Program Pegasus CERTIFICATION	Estimated Length of Service	197.69 per day	into This Placement/Program/ Service?  Yes No Yes

The chief juvenile probation officer must sign the form before it is submitted to TJJD. Scan and email a copy of the form to <a href="mailto:RegionalizationApplications@tjjd.texas.gov">RegionalizationApplications@tjjd.texas.gov</a>.