



TJJD Regional Diversion Application

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

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

I. YOUTH OVERVIEW			
<i>(Last Name Initial)</i>	<i>Department Submitting Application</i>	<i>Youth's Next Disposition Court Date</i>	
██████████	Collin County Juvenile	Pending Disposition/ Next Ann 3/29/23	
<i>Youth's Date of Birth (YYYY)</i>	<i>Youth's Full PID Number</i>	<i>Youth's IQ</i>	<i>Youth's ACE Score</i>
January 7, 2009	0430027932	101	8

II. RISK AND NEEDS ASSESSMENT	
<i>Name of Risk and Needs Assessment Tool Used</i>	
Full PACT	
<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>
12/11/22	Assault Causes Bodily Injury	Pending	

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
<i>Date</i>	<i>Offense</i>	<i>Disposition</i>	<i>Outcome</i>
12/11/20	Agg Sexual Assault	06/21/21/ Charge reduced to Injury to Child	2 yrs Prob with first year In-Patient 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>
12/11/20	Agg Sexual Assault	06/21/21/ Charge Reduced to Injury to a Child	
Felony Level:		Presence of:	
<input type="checkbox"/> 1 st Degree/Capital	<input checked="" type="checkbox"/> 3 rd Degree	Felony Sex Offense:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 nd Degree	<input type="checkbox"/> State Jail	Felony against Person*:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Weapon or Firearm:	<input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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	

VII. PRIOR INTERVENTIONS
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 4th weekend. In December 2022 he was accused of Assault CBI against a babysitter. A MTM is pending for the probation violations and that Assault CBI.

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.

Placement at Pegasus for up to 12 months.

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 per day	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
	X	03-22-23

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.**