



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 | |
| ██████████ | Collin County | 09/22/2025 | |
| Youth's Date of Birth (MM/DD/YYYY) | Youth's Full PID Number | Youth's IQ | Youth's ACE Score |
| 08/09/2010 | 0430032720 | 85 | 4 |

| II. RISK AND NEEDS ASSESSMENT | |
|---|---|
| Name of Risk and Needs Assessment Tool Used | |
| PACT - Full Screen | |
| Risk Assessment | Needs Assessment |
| 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 | | | |
|--|--|-------------|-----------|
| Date | Offense | Disposition | Outcome |
| 4/14/25 | TAMPER W/ IDENTIFICATION NUMBERS | TIC | DISMISSED |
| | | | |

| IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS | | | |
|--|------------------------------|-------------|---------|
| Date | Offense | Disposition | Outcome |
| 4/21/25 | AGG ASSLT W/DEADLY WEAPON | PENDING | PENDING |
| | | | |

| V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD | | | |
|---|------------------------------|--|---------|
| Date | Offense | Disposition | Outcome |
| 4/21/25 | AGG ASSLT W/DEADLY WEAPON | PENDING | PENDING |
| Felony Level: <input type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree <input checked="" type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail | | Presence of: Felony Sex Offense: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Felony against Person*: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weapon or Firearm: <input checked="" 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 <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. | |
|---|---|
| Did the juvenile probation department provide appropriate interventions with priority given to the treatment needs of the youth? | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| If no, why? | |
| <input type="checkbox"/> No funding available | <input type="checkbox"/> Other, please specify: |
| <input checked="" 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: |
| |



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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 Collin County Juvenile Probation Department is requesting diversionary funding for the juvenile to be placed at the Post-Adjudication Program at Rockdale Academy. Rockdale Academy has Spanish-speaking staff who can accommodate the juveniles language barrier.

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? | |
|---------------------------|-----------------------------|--------------------------|--|-----------------------------|
| Rockdale Academy | 12 months | \$335.21 | 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 Cyndi Porter Gore | Signature of Chief Juvenile Probation Officer or Designee X  CYNTHIA GORE | Date 09/15/2025 |
|--|--|---------------------------|

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@tjd.texas.gov.