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 Services**	**04/07/2026**	
Youth's Date of Birth (MM/DD/YYYY)	*Youth's Full PID Number*	*Youth's IQ*	*Youth's ACE Score*
09/12/2009	**0430033519**	**89**	**2**

II. RISK AND NEEDS ASSESSMENT

Name of Risk and Needs Assessment Tool Used

PACT Pre-Screen

Risk Assessment	*Needs Assessment*
High ☐ Moderate ☒ Low ☐	High ☐ Moderate ☒ Low ☐

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS

Date	*Offense*	*Disposition*	*Outcome*
n/a	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	*Offense*	*Disposition*	*Outcome*
n/a	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**
n/a	**n/a**	**n/a**	**n/a**

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

Date	*Offense*	*Disposition*	*Outcome*
01/12/2026	**Aggravated Robberty**	**pending**	**pending**

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: **Due to the nature and severity of the offense, we believe the respondent requires more structured support and services than what we can provide.**

☐ 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: **Due to the nature and severity of this case, the respndents needs require more specialized treatment and accounatbility.**

11209 Metric Boulevard, Bldg. H, Suite A
Austin, TX 78758

P.O. Box 12757
Austin, TX 78711

www.tjjd.texas.gov
(512) 490-7130

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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.

It is this department's opinion, that the circumstances of this case present a significant risk to the safety and security of the community. The alleged discharge of a firearm demonstrates a total disregard to human life and the respondent is a danger to society. We are reqeusting TJJD diversionary funding in light of the severity and nature of the current offense, Aggravated Robbery. The purpose of this request is to ensure the youth is provided with a safe, structured, and therapeutic enviornment in which targeted interventions can be implemented to address indentified criminogenic needs. This level of structured support is inteneded to reduce further system invovlment by promoting behavioral change, increasing accounatbility, and addressing the underlying factors contributing to the youth's delinquent behavior.

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?*
The Oaks at Brownwood	**9-12 months or until successful completion**	**$295**	Yes ☒ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

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*
Cyndi Porter Gore	**X**	03/31/2026

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@tjjd.texas.gov.

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