



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 Robbery	pending	pending
Felony Level: ☒ 1 st Degree/Capital ☐ 3 rd Degree ☐ 2 nd Degree ☐ State Jail		Presence of: Felony Sex Offense: ☐ Yes ☒ No Felony against Person*: ☒ Yes ☐ No Weapon or Firearm: ☒ Yes ☐ No * See TJJD-REG-007 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 respondents needs require more specialized treatment and accountability.	



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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 requesting 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 environment in which targeted interventions can be implemented to address identified criminogenic needs. This level of structured support is intended to reduce further system involvement by promoting behavioral change, increasing accountability, and addressing the underlying factors contributing to the youth's delinquent behavior.

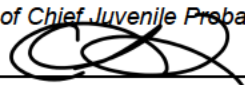
X. PROPOSED PLACEMENT/SERVICE/PROGRAM

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 Cyndi Porter Gore	Signature of Chief Juvenile Probation Officer or Designee X 	Date 03/31/2026
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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.