

Juv # \_\_\_\_\_

Referral # \_\_\_\_\_

\_\_\_\_\_ County Juvenile Court  
**Diversion Agreement (DAS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_

Offense(s): \_\_\_\_\_ Offense Date: \_\_\_\_\_

**I agree to enter into this Diversion Agreement and complete the conditions and requirements rather than have my case heard in court before a judge. By signing this agreement, the offenses listed above will become a part of my juvenile criminal history. This agreement will include the following conditions:**

**\*Restitution:** I will pay \$ \_\_\_\_\_ for damages/loss/injury incurred by the victim(s).  
At the rate of \$ \_\_\_\_\_ per month, by the \_\_\_\_\_ of each month.  
My first payment is due by \_\_\_\_\_ and will be paid in full by \_\_\_\_\_.  
Restitution is  joint and several with: \_\_\_\_\_ Referral # \_\_\_\_\_  
 has been equally divided and the amount ordered is my separate obligation, only.  
*Restitution is to be paid through:* \_\_\_\_\_  
*Physical Address:* \_\_\_\_\_  
*Mailing Address:* \_\_\_\_\_

**Community Restitution:** I will perform \_\_\_\_\_ hours of volunteer work, at a placement approved by the diversion officer. These hours will be completed by \_\_\_\_\_.

**Educational/Information/Restorative Justice Program:** I will attend and complete:  
\_\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, by \_\_\_\_\_  
The Diversion Unit is not responsible for any cost of counseling, educational, restorative justice, and/or informational sessions. All costs incurred are payable by the parent.

**Counseling:** I will attend \_\_\_\_\_ sessions/hours with \_\_\_\_\_  
to be completed by \_\_\_\_\_.  
The Diversion Unit is not responsible for any cost of counseling, educational, restorative justice, and/or informational sessions. All costs incurred are payable by the parent.

**Evaluation:** I will have an evaluation through \_\_\_\_\_, to be completed by \_\_\_\_\_. I also agree to follow any recommendation(s) resulting from the evaluation.

**Mandatory School Notification:**  
Your school Principal will be notified of this offense:  
School: \_\_\_\_\_

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**The following conditions are for the duration of the Diversion Agreement:**

Curfew: Week days \_\_\_\_\_ Weekends \_\_\_\_\_

School Attendance at: \_\_\_\_\_ during required school hours.

Restricted from the following locations: \_\_\_\_\_  
\_\_\_\_\_

Refrain from any contact with the following victims or witnesses: \_\_\_\_\_  
\_\_\_\_\_

**Special instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review date: \_\_\_\_\_  No Review date scheduled at this time.

**If I fail to complete the above conditions, my Diversion Agreement may be terminated and my case sent back to the prosecuting attorney for court action.**

Date: \_\_\_\_\_ Juvenile: \_\_\_\_\_

**Diversion Parent Fee:** \$ \_\_\_\_\_  Fee paid  Fee will be paid by: \_\_\_\_\_

Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

CAB Member: \_\_\_\_\_

CAB Member: \_\_\_\_\_

CAB Member: \_\_\_\_\_

CAB Member: \_\_\_\_\_

CAB Member: \_\_\_\_\_

CAB Member: \_\_\_\_\_