**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),
excluding restitution owed to any insurance provider under Title 48 RCW.

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

[ ] **Positive Youth Development/Educational/Information/Restorative Justice Program:**I will attend and complete:

 , by

 , by

The Diversion Unit is not responsible for any cost of counseling, positive youth development, 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.

[ ] **The following conditions remain in effect 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:

Parent/Guardian: Parent/Guardian:

Date: Counselor:

CAB Member: CAB Member:

CAB Member: CAB Member:

CAB Member: CAB Member: