

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), 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: _____

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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.

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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: _____