

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. 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: Weekdays \_\_\_\_\_ 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: \_\_\_\_\_