\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County Juvenile Court**

**Diversion Agreement/Contract – Sexual Exploitation (DASSX)**

Name: Parent/Guardian:

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

Phone: Phone:

I have been referred for the offense of: , committed on . I understand that the county prosecuting attorney has determined that probable cause exists to believe that I have committed the alleged offense. I agree to complete the following conditions and requirements rather than have my case heard in court before a judge.

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[ ] **Housing:** I will reside at:

[ ] **Evaluation:** through to be completed by .

[ ] **Chemical dependency evaluation: Comply with all treatment recommendations** **by**

. Evaluation completed by . **Do not possess or consume alcohol or non-prescribed drugs**.Subject to random **UA/PBT/BAC** testing to ensure compliance.

[ ] **Counseling** with for hours/sessions, completed by:

.

[ ] **Positive Youth Development/Education/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.

[ ] **Employment screening** with , completed by: .

[ ] **Community Service**

I have been informed of my obligation to complete community restitution work. It is my responsibility to find an approved organization or an approved individual who would benefit from this service. I agree to set up a schedule for completion of my assigned hours. In no case is this schedule to exceed the agreed completion date of this contract.

[*court contact information*]

Hours of Community Service

Agreed Completion Date

[ ] **Other requirements/instructions:**

**The following Conditions are for the Duration of the Entire Diversion Agreement:**

[ ] **Curfew:** Weekdays: Weekends:

[ ] **Restricted from the following locations:**

[ ] **No contact** with (including through a third party):

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Youth:**

**Counselor:** **Parent/Guardian:**

**Chairperson:**  **CAB Members:**

**Juv No./Referral No.**

[ ] **Other:**