

\_\_\_\_\_ 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:** \_\_\_\_\_