

(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. Signing this agreement enters the above offense onto my juvenile court records as criminal history.

- [ ] **Housing:** I will reside at: \_\_\_\_\_
- [ ] **Evaluation:** through \_\_\_\_\_ to be completed  
by \_\_\_\_\_. Cost \$ \_\_\_\_\_.
- [ ] **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 \_\_\_\_\_ Cost \$ \_\_\_\_\_  
\_\_\_\_\_ by \_\_\_\_\_ Cost \$ \_\_\_\_\_

- [ ] **Employment screening** with \_\_\_\_\_, completed by: \_\_\_\_\_
- [ ] **Community Restitution (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 Restitution  
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.** \_\_\_\_\_

- ☐ Diversion Parent Fee paid ☐ will be paid by: ☐ Other: