

Diversion Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

Target Discharge: _____

Extension Date: _____

*Discharge date: _____

*Discharge Reason (pick one):

- | | |
|--|--|
| <input type="checkbox"/> Successful Discharge | <input type="checkbox"/> Unsuccessful Discharge – failed to comply with program conditions |
| <input type="checkbox"/> Unsuccessful Discharge – had new law violation(s) | <input type="checkbox"/> Unsuccessful Discharge – Other (moved away, death, etc.) |
| <input type="checkbox"/> Did not participate – Youth/parent refused diversion | <input type="checkbox"/> Did not participate – diversion program declined admission |
| <input type="checkbox"/> Did not participate – county/city attorney or school withdrew youth's referral to program | <input type="checkbox"/> Did not participate – transferred to other diversion jurisdiction |
| <input type="checkbox"/> Did not participate – warning letter | |

*Refusal Reason (circle one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Didn't Respond to Referral | <input type="checkbox"/> Cost | <input type="checkbox"/> Prefer Court Filing |
| <input type="checkbox"/> Inconvenient/ Burdensome | <input type="checkbox"/> Did not attend intake appointment | <input type="checkbox"/> Lives out of state |