

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
JUVENILE BEHAVIORAL DIVERSION PROGRAM
PARTICIPATION AGREEMENT**

IN THE MATTER OF:

Docket # _____

I, _____, agree to the following as conditions of my participation in the Juvenile Behavioral Diversion Program:

- 1) I agree to participate in assessments or evaluations conducted for the purpose of determining what services are appropriate for me to participate in.
- 2) I agree to comply with treatment that is determined appropriate for me. I will be connected to a community based provider for services and supports. My treatment team will develop with me and my parent(s) a plan setting forth appropriate services. These services may include participating in therapy, meeting with a doctor, and taking medication. I understand that the treatment plan may change over the period of time that I am in the Program.
- 3) I agree to attend school and/or vocational training with no unexcused or excessive excused absences.
- 4) I agree to obey all laws and not be rearrested.
- 5) I agree that I will not consume any alcohol or drugs, other than drugs prescribed to me by a doctor.
- 6) I agree to attend all court hearings as scheduled. Court hearings generally will be held every two weeks, depending on my compliance.
- 7) I understand that the Court, the CSS Probation Officer, my attorney and the Assistant Attorney General will be informed of my compliance with treatment.
- 8) I understand that this Program will last for a period of 3 or 4 months from the date of the Agreement. The Judge may shorten or extend this Agreement based on my compliance with, progress, and engagement in treatment.

I understand that the Judge will determine if I have successfully completed the Program Requirements and that if I successfully complete the program, my charges will be dropped with prejudice. I also understand that if I do not successfully complete the program, the Office of

the Attorney General may prosecute my case before the juvenile calendar judge.

I may terminate this agreement at any time. The Office of the Attorney General may terminate this agreement if:

- 1) I violate any law or am rearrested.
- 2) I violate in a material way any of the agreements listed on the first page of this agreement (paragraph 1 through 6).
- 3) I am in continuous noncompliance with Program requirements for a thirty (30) day period.
- 4) I have lost contact with my CSS Officer for the period between three consecutive court dates.

I understand that the statements made by me in the Juvenile Behavioral Diversion Program shall not be discoverable or used against me in any prosecution.

I have read or had read to me the foregoing and have discussed it with my attorney. I fully understand the terms of this Agreement and agree to it voluntarily.

Date

Participant

Date

Defense Attorney

Date

Judge

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
JUVENILE BEHAVIORAL DIVERSION PROGRAM
PARTICIPATION AGREEMENT**

IN THE MATTER OF:

Docket # _____

I, _____, agree to the following as conditions of my participation in the Juvenile Behavioral Diversion Program:

- 1) I agree to participate in assessments or evaluations conducted for the purpose of determining what services are appropriate for me to participate in.
- 2) I agree to comply with treatment that is determined appropriate for me. I will be connected to a community based provider for services and supports. My treatment team will develop with me and my parent(s) a plan setting forth appropriate services. These services may include participating in therapy, meeting with a doctor, and taking medication. I understand that the treatment plan may change over the period of time that I am in the Program.
- 3) I agree to attend school and/or vocational training with no unexcused or excessive excused absences.
- 4) I agree to obey all laws and not be rearrested.
- 5) I agree that I will not consume any alcohol or drugs, other than drugs prescribed to me by a doctor.
- 6) I agree to attend all court hearings as scheduled. Court hearings generally will be held every two weeks, depending on my compliance.
- 7) I understand that the Court, the CSS Probation Officer, my attorney and the Assistant Attorney General will be informed of my compliance with treatment.
- 8) I understand that this Program will last for a period of 6 to 9 months from the date of the Agreement. The Judge may shorten or extend this Agreement based on my compliance with, progress, and engagement in treatment.

I understand that the Judge will determine if I have successfully completed the Program Requirements and that if I successfully complete the program, my charges will be dropped with prejudice. I also understand that if I do not successfully complete the program, the Office of

the Attorney General may set the case before the juvenile calendar judge and proceed to disposition.

I may terminate this agreement at any time. The Office of the Attorney General may terminate this agreement if:

- 1) I violate any law or am rearrested.
- 2) I violate in a material way any of the agreements listed on the first page of this agreement (paragraph 1 through 6).
- 3) I am in continuous noncompliance with Program requirements for a thirty (30) day period.
- 4) I have lost contact with my CSS Officer for the period between three consecutive court dates.

If this agreement is terminated, the case will be certified back to the juvenile calendar judge and may result in probation under Court Social Services Division (CSSD) or my commitment to the Department of Youth Rehabilitation Services (DYRS).

I understand that the statements made by me in the Juvenile Behavioral Diversion Program shall not be discoverable or used against me in any prosecution.

I have read or had read to me the foregoing and have discussed it with my attorney. I fully understand the terms of this Agreement and agree to it voluntarily.

Date

Participant

Date

Defense Attorney

Date

Judge

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
JUVENILE BEHAVIORAL DIVERSION PROGRAM
PARTICIPATION AGREEMENT**

IN THE MATTER OF:

Docket # _____

I, _____, agree to the following as conditions of my participation in the Juvenile Behavioral Diversion Program:

- 1) I agree to participate in assessments or evaluations conducted for the purpose of determining what services are appropriate for me to participate in.
- 2) I agree to comply with treatment that is determined appropriate for me. I will be connected to a community based provider for services and supports. My treatment team will develop with me and my parent(s) a plan setting forth appropriate services. These services may include participating in therapy, meeting with a doctor, and taking medication. I understand that the treatment plan may change over the period of time that I am in the Program.
- 3) I agree to attend school and/or vocational training with no unexcused or excessive excused absences.
- 4) I agree to obey all laws and not be rearrested.
- 5) I agree that I will not consume any alcohol or drugs, other than drugs prescribed to me by a doctor.
- 6) I agree to attend all court hearings as scheduled. Court hearings generally will be held every two weeks, depending on my compliance.
- 7) I understand that the Court, the CSS Probation Officer, my attorney and the Assistant Attorney General will be informed of my compliance with treatment.
- 8) I understand that this Program will last for a period of 9 - 12 months from the date of the Agreement. The Judge may shorten or extend this Agreement based on my compliance with, progress, and engagement in treatment.

I understand that the Judge will determine if I have successfully completed the Program Requirements and that if I successfully complete the program, my probation may be

terminated. I also understand that if I do not successfully complete the program, the Office of the Attorney General may extend or seek its revocation before the juvenile calendar judge.

I may terminate this agreement at any time. The Office of the Attorney General may terminate this agreement if:

- 1) I violate any law or am rearrested.
- 2) I violate in a material way any of the agreements listed on the first page of this agreement (paragraph 1 through 6).
- 3) I am in continuous noncompliance with Program requirements for a thirty (30) day period.
- 4) I have lost contact with my CSS Officer for the period between three consecutive court dates.

If this agreement is terminated, the case will be certified back to the juvenile calendar judge and may result in probation under Court Social Services Division (CSSD) or my commitment to the Department of Youth Rehabilitation Services (DYRS).

I understand that the statements made by me in the Juvenile Behavioral Diversion Program shall not be discoverable or used against me in any prosecution.

I have read or had read to me the foregoing and have discussed it with my attorney. I fully understand the terms of this Agreement and agree to it voluntarily.

Date

Participant

Date

Defense Attorney

Date

Judge