

**Hall County Juvenile Services
Diversion Release Form**

Participant Name: _____

*Please Print (First Name) (Last Name)

Parent/Guardian: _____

(First Name) (Last Name) (Relationship to Youth)

Your initials and signature on this page indicates that the diversion officer has explained and you understand the Hall County Juvenile Services (HCJS) disclosure policies and assessment process.

_____ Participation in the Diversion program is voluntary.

_____ All information that is discussed with the Diversion Officer regarding the pending criminal charges will not be used by the County Attorney to prosecute these particular charges. All information discussed regarding the pending criminal charges is used for the purpose of linking youth with a continuum of services designed to avoid further delinquent and criminal behavior. Your participation in the Diversion Program is not an admission of guilt and at any time during the Diversion period you may discontinue the program and proceed through the court system to resolve your pending charges without prejudice to you during the ordinary course of prosecution. Although, if you choose to go to court rather than completing your diversion program, all program fees paid and community service time completed will be forfeited.

_____ You have the right to your own attorney at any time.

_____ Information concerning your, or others, safety may be shared with your legal guardian and/or law enforcement if warranted.

_____ As a condition of the diversion program, youth may be required to provide a urine sample to HCJS for drug screening purposes. The results, whether positive or negative, will be noted in the file. HCJS does not follow a strict chain-of-custody procedures. While the results of the drug screen may be reviewed by the County Attorney's office to determine continual eligibility for diversion services, the results may not be used in court.

_____ I have received the juvenile notification policy regarding the sealing of juvenile records, provided by the Hall County Juvenile Diversion Coordinator. (for youth 18 years of age and younger)

_____ I have received a copy of the Diversion Requirements and Policies and agree to the terms of the program.

I, hereby, as the Parent/Legal Guardian/Custodian of the above named (or youth of majority age) minor freely give my consent to the Hall County Juvenile Services (HCJS) office the right to release any and all information regarding case plan records, and grant authorized employees of HCJS the privilege to view and use any and all of the released information.

List includes the following offices, agencies and institutions across the State of Nebraska.

- County Attorney's Offices
- City Attorney's Offices
- Law Enforcement Agencies
- Health & Human Services
- Nebraska State Probation
- Service Providers, including Behavioral Health Providers
- Public Defender's Offices
- County Courts
- Attending Schools (K-12)
- Nebraska Crime Commission

Parent/Legal Guardian/Custodian Signature *parental signature required for youth 18 and younger

Date

Participant Signature

Date

*This release is in effect until successful or unsuccessful discharge from the program occurs.