

____/____/____ needs to complete a

- Drug/alcohol evaluation
- Mental Health Evaluation
- Family/Individual Counseling
- Other _____

Diversion participants should give this form to the agency that is conducting the evaluation and/or counseling so that they have the information to correspond with the Diversion Office

as part of his/her diversion requirements for the Hall County Juvenile Services Office. Please have this individual sign a release form and forward a copy of the evaluation and/or completion of counseling/programming to the following address:

Hall County Juvenile Services
117 East 1st Street, Grand Island NE 68801
Phone (308) 385-5124 Fax (308) 385-5165

Please feel free to contact the following diversion officer by phone or email with any questions or updates.

- Karina Robles , Diversion Director karinar@hallcountyne.gov
- Justin Kawata, Diversion Officer justink@hallcountyne.gov
- Ruth Barcenas, Diversion Officer ruthb@hallcountyne.gov