**NH Juvenile Court Diversion Network**

10 Ferry Street, Suite 333

Concord, NH 03301

Office: 603-225-9540 x104

www.NHCourtDiversion.org



**Intent to Become Accredited**

By submitting this form, I acknowledge that my Juvenile Court Diversion Program for first-time, minor offenders exists to promote and support community based alternatives to the formal court process that

* integrate restorative justice practices
* promote positive youth development, and
* reduce juvenile crime and recidivism.

I acknowledge that my program is *actively working* to meet all Accreditation Standards required of Court Approved Juvenile Court Diversion programs.

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| --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | |
| Contact Name |  | | | Email |  | |
| Title |  | | | Phone |  | |
| Program Name |  | | | CEO/Director |  | |
| Street Address |  | | | CEO Email |  | |
| City/State/ZIP |  | | | County |  | |
| Website |  | | | Facebook/other |  | |
| **Program Information** | | | | | | |
| Year started | |  | # youth served per year | |  | |
| Towns served | |  | Type of organization | | County Government |  |
| City/Town Government |  |
| Nonprofit |  |
| Private |  |
| Other |  |
| Ages served | |  | Program length | |  | |
| Primary funding sources | |  | Most common violations | |  | |
| Program budget | |  | Fee amount | |  | |
| % completing | |  | % arrest-free 1 year after | |  | |
| Evidence-Based Practices used | |  | Names or types of assessment tools used | |  | |
| **Acknowledgment** | | | | | | |
| I understand that by submitting this form my program is expected to:   * Participate in a site visit to share more information about the program and our efforts to become accredited. * Provide program data to the Network’s Evaluation Team for inclusion in statewide reports. * Complete all steps to become accredited as a Court-Approved Program within 12 months of submission. | | | | | | |
| Signature | |  | | Date |  | |
| Print Name | |  | | *For Office Use*  **Date Received** |  | |