**NH Juvenile Court Diversion Network**

100 North Main St., Suite 400

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.
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| Signature |  | Date |  |
| Print Name |  | *For Office Use* **Date Received** |  |