

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 10

May 7, 2019

SUBJECT: YOUTH ADVOCACY PROGRAM (YAP) NOTICE OF REFERRAL, FORM 09.13.00 – RENAMED AND REVISED; AND, JUVENILE ARREST DIVERSION PROGRAM AGREEMENT, FORM 09.13.01 – ACTIVATED

PURPOSE: The purpose of this Order is to standardize the policies and procedures for juvenile arrests which meet the specific criteria for pre-booking diversion and referral to Community Based Organizations. This Order also renames and revises the Youth Advocacy Program (YAP) Notice of Referral, Form 09.13.00, and activates the Juvenile Arrest Diversion Program Agreement, Form 09.13.01.

PROCEDURE:

- I. YOUTH ADVOCACY PROGRAM (YAP) NOTICE OF REFERRAL, FORM 09.13.00 – RENAMED AND REVISED.** The Youth Advocacy Program (YAP) Notice of Referral has been renamed as the Juvenile Arrest Diversion Program Referral and revised to capture the personal information of a juvenile in order to determine the juvenile's eligibility for the Juvenile Arrest Diversion Program.
 - A. Use of Form.** This form shall be used to document the personal information of eligible juveniles for the Juvenile Arrest Diversion Program.
 - B. Completion.** This form shall be completed by the arresting officer. If the juvenile is determined to be ineligible for the Juvenile Arrest Diversion Program, the Area watch commander shall articulate the reason the juvenile is not eligible and sign the form.
 - C. Distribution.**
 - 1 – Original, Area Juvenile Coordinator.
 - 1 – Copy, Juvenile Division.
 - 1 – Copy, selected referral agency.
- 3 – TOTAL**
- II. JUVENILE ARREST DIVERSION PROGRAM AGREEMENT, FORM 09.13.01 – ACTIVATED.** The Juvenile Arrest Diversion Program Agreement, Form 09.13.01, has been activated in order to provide information

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regarding the diversion program and to document the juvenile and parents/guardian's consent to participate in the program in lieu of booking.

- A. **Use of Form.** This form shall be used to document all the personal information of candidates for the Juvenile Arrest Diversion Program.
- B. **Completion.** This form shall be completed by the arresting officer and signed by the Juvenile Arrest Diversion Program participant as well as the parent/guardian of the program participant.

C. **Distribution.**

1 – Original, Area Juvenile Coordinator.

1 – Copy, Juvenile Division.

1 – Copy, selected referral agency.

1 – Copy, parent/guardian of referred juvenile.

4 – TOTAL

FORM AVAILABILITY: Both the Juvenile Arrest Diversion Program Referral and the Juvenile Arrest Diversion Program Agreement are available in E-Forms on the Department's Local Area Network and are attached for immediate use and duplication.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

Should you have any questions, please contact the Youth Diversion Unit, Juvenile Division, at (213) 486-0500.



MICHEL R. MOORE
Chief of Police

Attachments

DISTRIBUTION "D"

JADP Eligible
Yes No
If no, provide reason and
W/C signature below

Los Angeles Police Department
Juvenile Arrest Diversion Program Referral

DR No. _____

Referral Date: _____

Division/Area Referred: _____

Referring Person Name/Title: _____

Phone No.: _____

Juvenile Information:

Name (Last, First): _____ Male Female Other
Home Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Age: _____ Contact Phone #: _____ Other Phone #: _____
E-mail: _____ Primary Language: _____

School Information:

Name and Address: _____ Phone #: _____ E-mail: _____
Grade: _____ School District: _____ Student Status: Enrolled Suspended Expelled Not Enrolled

Parent/Guardian Information:

Name (Last, First): _____ Relationship: _____ Primary Language: _____
Home Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Contact Phone #: _____ E-mail: _____

Victim Information (Confidential Use Only):

Name (Last, First): _____ Responsible Adult (Last, First): _____
Home Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Contact Phone #: _____ Other Phone #: _____ E-mail: _____
Other Victim(s) Name (Last, First): _____ Other Victim(s): _____

Offense: Misdemeanor Felony

Offense/Crime: _____ Penal Code: _____ Offense(s): 1st 2nd

Reason juvenile not diverted:
W/C Signature/Serial No.: _____

CRITERIA ELIGIBILITY: Juvenile and Parent signed agreement:

Grand Theft Person – 487(c) PC
Assault/Battery – 148(a); 148.3; 148.4; 148.5; 148.9; 242; 243.4; 243.5; 243.6 PC
Burglary/ Theft – 459 (2 nd degree), 466; 484(a), 485, 496(a) PC
Disturbing the Peace – 415; 415.5(a); 416(a) & (b) PC
Vandalism – 594 PC
Weapon on school grounds – 626.10(a) & (b),(c),(d),(f),(h) PC; (No firearm)
Brandishing Weapon – 417(a)(1) PC; (No firearm)
Disorderly Conduct – 647(d) PC

NON-DIVERSION:

- 707 (b) WIC offenses, including but not limited to:
Murder; Arson; Robbery; Kidnap for Ransom;
Kidnap (Ransom, Robbery, Sexual Assault, Bodily Harm);
Sexual Assaults (Rape, Sodomy, Oral Copulation, Sexual Penetration) w/Force, Violence, Duress, Menace or Threat of Great Bodily Injury; and, Lewd or Lascivious Act.
- Probation conditions/or violations
- Firearms; Serious injury
- Prior arrest or diversion for the same/or similar serious felony (Wobbler) charge within 2 years

Criteria for referral is included, but is not limited to, the listed offenses. Other offenses may be considered with approval of the watch commander.



Date: _____

DR #: _____

JUVENILE ARREST DIVERSION PROGRAM AGREEMENT

The Los Angeles Police Department, in conjunction with approved Community Based Organizations (CBO) offer diversion programs for youth offenders in lieu of booking. The CBO will balance the needs of the victim, the community, and the youth offender.

Benefits of Juvenile Diversion:

- Formal criminal charges will not be pursued if the participant successfully completes the diversion program.
- The participant may receive various supportive services, such as counseling, mediation, job/life skills (e.g., training and tutoring) to develop proactive skills for academic progress.
- The participant and his or her family may have accessibility to a variety of programs which support rebuilding family relationships.

Agreement to Participate:

1. I understand enrollment in this program is voluntary.
2. I agree to fully cooperate with CBO staff during orientation, throughout the services, and during any monitoring period by the CBO.
3. I agree to be responsive when contacts are made by the CBO staff (calls, letters, etc.) and to arrive on time to my appointments.
4. I understand that failure to enroll or failure to satisfactorily complete the diversion program will result in my case being returned to the Los Angeles Police Department for citation, arrest, or formal charges being filed against me.
5. I understand that I may withdraw from the program at any time, before its completion and elect court/criminal processing instead.
6. I am requesting and authorizing the release of police records, including my criminal history, to the CBO to assist in determining my suitability for its diversion program.

The Juvenile Diversion Program assigned is:

_____ CYS (Administered by Centinela Youth Services) _____ Other CBO (PAL's, etc.)

_____ Teen Court [Administered by PESA – (Parents, Educators/Teachers & Students in Action)]

I understand a representative from the CBO will be contacting me to schedule an appointment for orientation.

Date: _____ Participant's Name: _____ Signature: _____

Date: _____ Parent/Guardian's Name: _____ Signature: _____

* If the minor is in foster care, the guardian/foster parent may sign above & accompany minor to orientation.

Date: _____ Officer's Name & Serial No.: _____

Officer's Contact No.: _____ Officer's Email: _____