JV-218

Child's Opinion About the Medicine

You may use this form to tell the judge what you think about the medicine that a doctor wants you to take.

You do not have to use this form if you do not want to. There are other ways to tell the judge how you feel. You can:

- · Talk to the judge at a hearing or write the judge a letter, or
- Ask your lawyer, social worker, probation officer, or CASA to tell the judge how you feel.

You may ask someone you trust to help you read and fill out this form. And you may add as many pages as you need. If you add extra pages, please put your name and the number of the question you are answering on each extra page.

Your name: Fer	nale Foster Cl	hild		Fill in	child's nan	ne and date of	birth:	
- (f	irst)	(middle)	(last)	Child	's Name:	Female F	oster Child	
Vour date of hi	rth: 01/01/200	Λ		Date	of Birth:	01/01/200	4	
1 Tour date of on	Your date of birth: $01/01/2004$ (month) (day) (year)				ourt fills in case number when form is filed.			
swer these questi	(33 3 2	•	<i>0y</i>		Number 0101010			
Do you know th	nat a doctor w	ants you to take a	medicine?		X Yes	☐ No	☐ Not sure	
Do you know th	ne name and d	lose of the medici	ne the doctor wants you to	o take?	Yes	ĭ No	☐ Not sure	
Have you taken	this medicine	e before?] Yes	☐ No	▼ Not sure	
			ide if you want to take it?	' [☐ Yes	x No		
If yes, what do	you want to k	now?						
) Did anyone tell	you how the	medicine is suppo	osed to help you?		X Yes	☐ No	☐ Not sure	
Did anyone exp	olain the possi	ble side effects?		E	X Yes	☐ No	☐ Not sure	
	there care? The	e doctor said I co	uld be really tired					

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Chil	d's name:Female Foster Child	PJP 01010101		
10	Do you agree to take the medicine? Explain your answer here, if you want to: Yes, I want to take medicine	☐ Yes	□ No	☐ Not sure
Ques	stions about you			
11)	List any other treatment or therapy you are doing now:			
	☐ None	☐ Family	y therapy	
	☐ Group talk therapy	☐ Art or	play thera	ру
	☐ Cognitive Behavioral Therapy (CBT or practicing behaviors)			
	Other (list any other treatment here):			
12	What do you like to do for fun? I like to play games like checkers and I like to make blankets			
13	What activities would you like to be involved in now? I would like to play volleyball, dance, and be in Girl Scouts again.			
14)	Say anything else about yourself or the medicine that you want the judge to I still want to live here. This is my favorite place.	know.		
	a 17-Year Old Youth ONLY ware under 17, skip to the next question.		and the second s	
(15)	When you turn 18,			
	a. Will you be able to keep the doctor you have now?	☐ Yes	□ No	Not sure
	b. Will you know how to get this medicine if you want to keep taking it?	☐ Yes	□ No	☐ Not sure

Child's name: Female Foster Child	PJP 01010101				
For a child taking this medicine <u>now</u> If you are <u>NOT</u> taking this medicine now , skip to the next quest	tion.				
Do you have any side effects from the medicine? If Yes, check below:	🗷 Yes 🗌 No				
☐ Weight gain☐ Weight loss☐ Problems sleeping☐ Feeling very sleepy	▼ Headache□ Constipation□ Nausea□ Feel dizzy				
	s I get headaches. When I get angry, I get headaches.				
I you have side effects, did you tell your doctor? If Yes, your doctor's name:	☐ Yes ☐ No				
Did someone help you with this form? If Yes, who? my social worker my probation of the my probation of	☐ Yes ☐ No officer ☐ my caregiver ☐ my lawyer ☐ my CASA				
☐ Check here if you are going to add extra pages to this form	a. And say how many pages:				
Date:					
Female Foster Child	Child signs here				
Type or print child's name	\				
SW Special(SW asked and wrote child's responses) Type or print name of other person who helped child fill out form	Helper signs here				

Case Number: