

Clerk stamps date here when form is filed.

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.

Fill in court name and street address:
Superior Court of California, County of

① Your name: Male Foster Child
(first) (middle) (last)

Fill in child's name and date of birth:
Child's Name: Male Foster Child
Date of Birth: 01/01/2001

② Your date of birth: 01/01/2001
(month) (day) (year)

Court fills in case number when form is filed.
Case Number:
QJP01010101

Answer these questions about this medicine:

- ③ Do you know that a doctor wants you to take a medicine? Yes No Not sure
- ④ Do you know the name and dose of the medicine the doctor wants you to take? Yes No Not sure
- ⑤ Have you taken this medicine before? Yes No Not sure
- ⑥ Do you want more information before you decide if you want to take it? Yes No

If yes, what do you want to know? Side effects. I don't know the dosage. I don't need it because I'm not crazy.

- ⑦ Did anyone tell you how the medicine is supposed to help you? Yes No Not sure
- ⑧ Did anyone explain the possible side effects? Yes No Not sure

If yes, what did they say? _____

⑨ What is your opinion about taking the medicine?
I don't need it because I am not crazy and I can control my temper. I feel I was acting out because people were not there for me.



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- 10 Do you agree to take the medicine? Yes No Not sure
Explain your answer here, if you want to: _____

Questions about you

- 11 List any other treatment or therapy you are doing now:
- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Individual talk therapy | <input type="checkbox"/> Family therapy |
| <input type="checkbox"/> Group talk therapy | <input type="checkbox"/> Counseling at school | <input checked="" type="checkbox"/> Art or play therapy |
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT or practicing behaviors) | | |
| <input type="checkbox"/> Other (list any other treatment here): use fidget spinner | | |
- _____

- 12 What do you like to do for fun?
Dirt bike and video games

- 13 What activities would you like to be involved in now?
swimming and dirt biking

- 14 Say anything else about yourself or the medicine that you want the judge to know.
Last month when I was restrained, I tried to go past the staff and they slammed me and busted my eye vessel. I get put in seclusion if I don't take my medications. I would like to get out of here.

For a 17-Year Old Youth ONLY
If you are **under 17**, skip to the next question.

- 15 When you turn 18,
- | | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| a. Will you be able to keep the doctor you have now? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| b. Will you know how to get this medicine if you want to keep taking it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |



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For a child taking this medicine now

If you are NOT taking this medicine **now**, skip to the next question.

16 Do you have any side effects from the medicine?

Yes No

If **Yes**, check below:

- Weight gain Weight loss Headache Constipation
 Problems sleeping Feeling very sleepy Nausea Feel dizzy

Other (*list any other side effects here*): chewing on the inside of my jaw and face twitching. I did not start doing that until I got here.

17 I you have side effects, did you tell your doctor?

Yes No

If **Yes**, your doctor's name: Dr. Group Home

18 Did someone help you with this form?

Yes No

If **Yes**, who? my social worker my probation officer my caregiver my lawyer my CASA

Other (*explain*): she told me how to spell the words.

Check here if you are going to add extra pages to this form. And say how many pages: 2

Date:

Male Foster Child

Type or print child's name



Child signs here

SW Super

Type or print name of other person who helped child fill out form



Helper signs here