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Proof of Notice of Application

	m JV-217-INFO, <i>Guide to Psychotropic Medication Forms</i> , for more on about the required forms and the application process.			
1 🗆	The following parents/legal guardians of the child were notified of the physician's request to begin and/or to continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with form JV-217-INFO, <i>Guide to Psychotropic Medication Forms</i> , a blank copy of form JV-219, <i>Statement About Medicine Prescribed</i> an			
	a blank copy of form JV-222, <i>Input on Application for Psychotropic Medication</i> .	Fill in court name and street address: Superior Court of California, County of		
	a. Name: Date notified:	_		
	Relationship to child:	-		
	Manner: In person By phone at (specify):	-		
	By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the	Fill in child's name and date of birth:		
	last known address (specify):	Child's Name: Date of Birth:		
	b. Name: Date notified:	Court fills in case number when form is filed.		
	Relationship to child:	Case Number:		
	Manner: In person By phone at (specify):			
	By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):			
	C. Name: Date notified: Manner: In person By phone at (specify):	Relationship to child:		
	By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):			
2 🗆	Parental rights were terminated, and the child has no legal parents who must be informed.			
3 □	Parent/legal guardian (name): was not informed because (state reason):			
4 🗆	Parent/legal guardian (name): was not informed because (state reason):			
5	The child's current caregiver was notified that a physician is asking to treat the child with psychotropic medication and that an application is pending before the court. The caregiver was provided form JV-217-INFO, <i>Guide to Psychotropic Medication Forms</i> and a blank copy of form JV-219, <i>Statement About Medicine Prescribed</i> , or information on how to obtain a copy of the form as follows:			

Clerk stamps date here when form is filed.

Child's	s name:	Case Number:	
	arregiver's name: In person By phone at (specify):	Date notified:	
□ (sp	By depositing the required information in a sealed envelope in the United prepaid, to the following address pecify):		
	me of service I was at least 18 years of age and not a party to this matter. where the mailing occurred. My residence or business mailing address is:	I am a resident of or employed in the	
I declare	e under penalty of perjury under the laws of the State of California that the	foregoing is true and correct.	
Date:			
	<u> </u>		
Type or	print name Sign your nan	ne Signature follows on page 4.	
6 🗆	The child's attorney and the child's CAPTA guardian ad litem, if that per attorney, were provided with completed form JV-220, <i>Application for Ps JV-220(A)</i> , <i>Physician's Statement—Attachment</i> or completed form JV-220 <i>Medication—Attachment</i> ; a copy of form JV-217-INFO, <i>Guide to Psychot JV-218</i> , <i>Child's Opinion About the Medication</i> ; and a blank copy of form <i>Psychotropic Medication</i> , as follows:	ychotropic Medication; completed 20(B), Physician's Request to Continue otropic Medication Forms; a blank form	
a.	Attorney's name:	Date notified:	
	Manner: In person By fax at (specify):		
	☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):		
b.	CAPTA guardian ad litem's name: Manner: In person By fax at (specify):	Date notified:	
	☐ By depositing copies in a sealed envelope in the United States mail, v to the last known address (specify):	vith first-class postage prepaid,	
7 🗆	The application could result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more. The child's attorney and the child's CAPTA guardian ad litem, if that person is someone other than the child's attorney, were provided with blank copies of <i>Position on Release of Information to Medical Board of California</i> (form JV-228), <i>Background on Release of Information to Medical Board of California</i> (form JV-228-INFO), and <i>Withdrawal of Release of Information to Medical Board of California</i> (form JV-229), as follows:		
a.	Attorney's name:	Date notified:	
	Attorney's name: Manner: In person By fax at (specify):		
	☐ By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):		
b.	CAPTA guardian ad litem's name:	Date notified:	
	CAPTA guardian ad litem's name: Manner: In person By fax at (specify):		
	By depositing copies in a sealed envelope in the United States mail, v	vith first-class postage prepaid,	
	to the last known address (specify):		

Child's	s name:	Case Number:		
8 □ a.	The following attorneys were notified of the physician's reques psychotropic medication, of the name of each medication, and to They were also provided with a copy of form JV-217-INFO, Gracopy of form JV-219, Statement About Medicine Prescribed; and Application for Psychotropic Medication, or with information of Attorney's name: Attorney for (name):	that an application is pending before the court. uide to Psychotropic Medication Forms, a blank and a blank copy of form JV-222, Input on on how to obtain a copy of each form as follows:		
	Attorney for (name): Manner: ☐ In person ☐ By phone at (specify): ☐ By depositing the required information and copies of forms in the United States mail, with first-class postage prepaid, to	JV-217-INFO and JV-222 in a sealed envelope		
b.	Attorney's name:	Date notified:		
	Attorney for (name):			
	Manner: In person By phone at (specify): By fax at (specify): By depositing the required information and copies of forms JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):			
c.		Date notified:		
	Attorney for (name): Manner: In person By phone at (specify):			
	Manner: ☐ In person ☐ By phone at(specify): ☐ By depositing the required information and copies of forms in the United States mail, with first-class postage prepaid, to	JV-217-INFO and JV-222 in a sealed envelope		
	ime of service I was at least 18 years of age and not a party to thi where the mailing occurred. My residence or business mailing ac			
I declare Date:	e under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.		
Type or	print name Sign	your name		
9 🗆	The child's CASA volunteer was notified of the physician's req psychotropic medication, of the name of each medication, and t The CASA volunteer was provided with form JV-217-INFO, G copy of form JV-218, Child's Opinion About the Medicine; and Medicine Prescribed, as follows:	that an application is pending before the court. Guide to Psychotropic Medication Forms; a blank a blank copy of form JV-219, Statement About		
	ASA volunteer (name): By phone at (specify):	Date notified:		
M:	By depositing the required information in a sealed envelope in the prepaid, to the last known address (specify):			
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Child's name:	
psychotropic medication, of the name of each med The tribe was also provided with form JV-217-IN	cian's request to begin and/or continue administering dication, and that an application is pending before the court. IFO, <i>Guide to Psychotropic Medication Forms</i> , a blank copy of bed, and a blank copy of form JV-222, <i>Input on Application for</i>
Indian Tribe (name):	Date notified:
Manner: In person By phone at (specify):	By fax at (specify):
☐ By depositing the required information in a sealed prepaid, to the last known address (specify):	d envelope in the United States mail, with first-class postage
At the time of service I was at least 18 years of age and not county where the mailing occurred. My residence or business	t a party to this matter. I am a resident of or employed in the ess mailing address is:
I declare under penalty of perjury under the laws of the Sta	ate of California that the foregoing is true and correct.
Date:	
	•
Type or print name	Sign your name