

**Invitation to Comment**

Title	<p>Juvenile: Proposed Modification to Psychotropic Medication Forms and Rule 5.640 (revise and renumber forms JV-220 and JV-220A and adopt new forms: JV-219-INFO, JV-220A, JV-221, JV-222, and JV-223)</p>
Summary	<p>This proposal concerns the statewide protocol and Judicial Council forms for the administration of psychotropic medication to children who are under the jurisdiction of the juvenile court and placed in an out-of-home placement. An instructional form, JV-219-INFO, <i>Information About Psychotropic Medication Forms</i>, would be adopted. Form JV-220, <i>Application and Order for Authorization to Administer Psychotropic Medication—Juvenile</i>, would be revised, and renamed form JV-220, <i>Application Regarding Psychotropic Medication</i>. A new form JV-220A, <i>Prescribing Physician’s Statement—Attachment</i>, would be created using much of the information in the current form JV-220, but it would include additional relevant information. Form JV-221, <i>Proof of Notice: Application Regarding Psychotropic Medication</i>, would be adopted. Form JV-220A would be renumbered form JV-222 and renamed <i>Opposition to Application Regarding Psychotropic Medication</i>. Form JV-223, <i>Order: Application Regarding Psychotropic Medication</i>, would be adopted. All forms would be plain language forms. Rule 5.640 would be revised to reflect the new form numbers and form completion procedures, to amend notice requirements, and to require court authorization to discontinue the use of psychotropic medication.</p>
Source	<p>Family and Juvenile Law Advisory Committee  Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs</p>
Staff	<p>Ms. Aleta Beaupied, 415-865-8819, aleta.beaupied@jud.ca.gov  Ms. Carrie Zoller, 415-865-8829, carrie.zoller@jud.ca.gov</p>
Discussion	<p>Rule 5.640 of the California Rules of Court, establishing a statewide protocol for the administration of psychotropic medication to dependent children, was adopted effective January 1, 2001. This rule required the applicant to file form JV-220, <i>Application and Order for Authorization to Administer Psychotropic Medication—Juvenile</i> or a local county form that had been submitted to the Judicial Council for approval for use in that county. Owing to the wide variance in the information requested before the administration of psychotropic medication to children under the court's jurisdiction, rule 1432.5 was amended effective January 1, 2003, expressly requiring that form JV-220 be filed with the court and allowing local forms to be used to</p>

provide information beyond that requested in JV-220. In addition, the amendment stated that local forms no longer needed Judicial Council approval.

In 2004, the Family and Juvenile Law Advisory Committee, seeking to improve the quality of the information obtained from the form, sought input on possible revisions to form JV-220 from a group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians, all of whom work with children who have been removed from the physical custody of their parents and may benefit from the use of psychotropic medications. Based on recommendations of the Family and Juvenile Law Advisory Committee, the current form was adopted by the Judicial Council effective January 1, 2005.

As the courts, counties, and individuals began to use the current JV-220, possible modifications to further improve the practical day-to-day use of the form were brought to the attention of staff at the Administrative Office of the Courts' Center for Families, Children & the Courts. A working group was formed to address possible revisions to the form. This working group was composed of many members who had served on the original 2004 working group as well as new members, including former foster youth. The group suggested numerous modifications to the form, and based in large on the group's input, the advisory committee recommends the following: the adoption of form JV-219-INFO *Information About Psychotropic Medication Forms*; revising and renaming form JV-220 *Application Regarding Psychotropic Medication*; the adoption of a new form JV-220A to be filled out by the prescribing physician and named *Prescribing Physician's Statement—Attachment*; the adoption of form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*; the renumbering and revision of form JV-220A to JV-222, and renaming it *Opposition to Application Regarding Psychotropic Medication*; and the adoption of form JV-223, *Order Regarding Application for Psychotropic Medication*.

The proposed new and revised psychotropic medication forms are organized to be flexible to accommodate the variety of completion and filing practices seen throughout the state. The form JV-219-INFO is not intended to provide step-by-step directions for each item on a form but rather basic information about each of the psychotropic medication forms.

The one-page form, JV-220, which provides an overview of the child's location and other relevant contact information, is generally completed by the child's social worker.

The prescribing physician would complete form JV-220A, which contains the specific information on the medication request and the reasons underlying the request. The requested medication changes are consolidated onto the last page of the form so if the request is granted, only that page needs to be reproduced and attached to the order.

Form JV-221 would address notice. This two-page form is structured to accommodate both the traditional notice procedure wherein one person provides notice to all parties, as well as the nontraditional model wherein one person provides notice to the parents or legal guardians, while a person from a different organization provides notice to the attorneys. Form JV-222 is the form to be filled out when someone wishes to file an opposition to the medication request.

Form JV-223 would be the court order. To be complete, the order must include the last page of the physician's attachment, which contains the relevant medication information.

In addition to the revisions discussed above, the proposed psychotropic medication forms would include the following significant changes:

#### General Form Information

- Plain language format used in all forms.
- Forms may be filed separately or together.
- Consulting physician information does not appear in the set of proposed forms. Counties that use a consultant may create their own form for the consulting physician information and file it with the application.

#### Form JV-220A, *Prescribing Physician's Statement—Attachment*

- "Type of request" (item 1)—a request to discontinue medication would be added. Rule 5.640 would require court authorization for the discontinuation of medication. The committee believes that requiring an order to discontinue medication will help prevent children from being discharged from a dependency or

delinquency case without proper arrangements for the continued administration of needed medications.

- Identification of the prescribing physician's sources of information regarding the child would be added (Item 6).
- A narrative description of the child's symptoms, response to previous medications, and the availability of non-medication alternatives would be added (Item 7).
- Requests for optional information to accommodate counties where more detailed information is sought to assist any consulting physicians would be added. Item 8, addressing diagnoses, would provide for the optional inclusion of the DSM-IV numeric codes. Item 10(b) would allow for reporting the results of any relevant laboratory tests. Item 14 would provide space for optional information on the administration schedule for new or continuing psychotropic medications.
- All medication request information would appear on the final page of JV-220. The medication chart would be revised to combine the new and continuing medications so that there is one list of what the child will be taking if the request is granted. Medications that are to be discontinued, or were discontinued in the past, would also be listed on this page. Consolidation of medication information on a page with no other confidential information about the child would allow this page to be reproduced and attached to the order. This would eliminate concerns about revealing private information if proof of the order is required to be shown to caregivers, pharmacists, or other individuals entitled to determine whether dispensing psychotropic medication to the child has been authorized by the court.

*Form JV-221, Proof of Notice: Application Regarding Psychotropic Medication*

- Under rule 5.640, parents or legal guardians, their attorneys, and the child's attorney would be entitled to different levels of information when provided with notice of a pending application for psychotropic medication. Form JV-221 would specify the minimum information that must be given to each person served as well as providing information on who was served and the

manner of service.

*Form JV-222, Opposition to Application Regarding Psychotropic Medication*

- This form would be a renumbered, plain language version of the current JV-220A.

*Form JV-223, Order: Application Regarding Psychotropic Medication*

- This form would incorporate all the information included in the order that is currently found on form JV-220 as items 22—28 and would include additional relevant information.
- The use of a separate order form would reduce the amount of confidential or sensitive information that is distributed about the child.

*California Rules of Court, Rule 5.640*

- Form numbers and procedures referenced by the rule would be changed to be consistent with the requirements of the new forms.
- Requirements for the discontinuation of a currently prescribed psychotropic medication would be added.
- Because of potential delays caused by trying to obtain this information, the requirements for responses to the application by the parents or legal guardians and their attorneys would be eliminated.
- The minimum information to be provided to the noticed parties would be delineated. Information requirements would be structured to afford due process to the parties while protecting the confidentiality of the child.
- If the matter is set for a contested hearing, the court clerk, rather than the opposing party, would be responsible for giving notice to the parties of the hearing date.
- The definition of an emergency situation for the purposes of administration of a psychotropic medication would be included in the rule.

- The rule would be modified to clarify that counties have freedom in structuring the filing procedures for the forms as long as their procedures are consistent with the mandates of the rule and forms.

The text of the amended rule is attached at pages 7–11. The proposed forms are attached at pages 12–21. For reference, the current forms JV-220 and JV-220A are attached at pages 22–28.

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Attachments

Rule 5.640 of the California Rules of Court would be amended effective January 1, 2008, to read:

1 **Rule 5.640. Psychotropic medications**

2  
3 (a)—(b) \*\*\*

4  
5 (c) **Procedure to obtain authorization**

6  
7 An application must be completed and presented to the court, using  
8 *Application and Order for Authorization to Administer Psychotropic*  
9 *Medication—Juvenile (form JV-220)* Judicial Council forms *Application*  
10 *Regarding Psychotropic Medication (JV-220)* and *Prescribing Physician’s*  
11 *Statement—Attachment (JV-220A)*.

12  
13 (1) ~~If possible, the physician recommending that the medication be~~  
14 ~~administered to the dependent should sign the application. The social~~  
15 ~~worker may act as applicant and sign the application, with an~~  
16 ~~attachment or notation identifying the physician who is requesting the~~  
17 ~~authorization. Form *Application Regarding Psychotropic Medication*~~  
18 ~~(JV-220) may be completed by the prescribing physician, medical~~  
19 ~~office staff, child welfare services staff, or the child’s caregiver. The~~  
20 ~~physician prescribing the administration or discontinuation of~~  
21 ~~psychotropic medication for the dependent child must complete and~~  
22 ~~sign *Prescribing Physician’s Statement—Attachment (JV-220A)*.~~

23  
24 (2) The application must include all of the following:

25  
26 (A) \*\*\*

27  
28 (B) The specific medication recommended, with the recommended  
29 dosage range and ~~anticipated~~ length of time this course of  
30 treatment will continue;

31  
32 (C)—(E) \*\*\*

33  
34 (F) ~~A description of any other treatment plans for the child that are~~  
35 ~~relevant to the medication regimen (e.g., discontinuing or~~  
36 ~~reducing presently prescribed medications; group or individual~~  
37 ~~therapy) The specific medication that the physician recommends~~  
38 ~~discontinuing and the reason for discontinuing the medication;~~

39  
40 (G) A description of any other therapeutic services related to the  
41 child’s mental health status; and

1  
2       ~~(G)~~ (H) A statement that the child has been informed of the  
3               recommended course of treatment, the basis for it, and its possible  
4               results. The child’s response must be included, ~~;~~ and

5  
6       ~~(H)~~ A statement that the child’s parents or guardian have also been  
7               informed as in ~~(G)~~, or a statement describing efforts to inform the  
8               parents. The response of any parent or guardian must be included.

9  
10       (3) ~~The applicant must notice the attorneys of record and the parties to the~~  
11       ~~proceeding before the submission of the application and make available~~  
12       ~~a copy of *Opposition to Application for Order for Authorization to*~~  
13       ~~*Administer Psychotropic Medication—Juvenile* (form JV-220A) to~~  
14       ~~those receiving notice.~~

15       Notice must be provided as follows:

16  
17       (A) Notice to the parents or legal guardians and their attorneys of  
18       record must include:

19  
20               (i) A statement that a physician is asking to treat the child’s  
21               emotional or behavioral problems by beginning, continuing,  
22               or stopping the administration of psychotropic medication to  
23               the child and the name of the psychotropic medication;

24  
25               (ii) A statement that form *Application Regarding Psychotropic*  
26               *Medication (JV-220)* and form *Prescribing Physician’s*  
27               *Statement—Attachment (JV-220A)* are pending before the  
28               court;

29  
30               (iii) A copy of *Information About Psychotropic Medication*  
31               *Forms (JV-219-INFO)* or information on how to obtain a  
32               copy of the form; and

33  
34               (iv) A blank copy of *Opposition to Application Regarding*  
35               *Psychiatric Medication (JV-222)* or information on how to  
36               obtain a copy of the form.

37  
38       (B) Notice to the child’s current caregiver must include only:

39  
40               (i) A statement that a physician is asking to treat the child’s  
41               emotional or behavioral problems by beginning, continuing,  
42               or stopping the administration of psychotropic medication to  
43               the child and the name of the psychotropic medication; and

1  
2 (ii) A statement that form *Application Regarding Psychotropic*  
3 *Medication (JV-220)* and form *Prescribing Physician’s*  
4 *Statement—Attachment (JV-220A)* are pending before the  
5 court;  
6

7  
8 (C) Notice to the attorney of record for the child must include:  
9

10 (i) A completed copy of *Application Regarding Psychotropic*  
11 *Medication (JV-220)*;  
12

13 (ii) A completed copy of *Prescribing Physician’s Statement—*  
14 *Attachment (JV-220A)*;  
15

16 (iii) A copy of *Information About Psychotropic Medication*  
17 *Forms (JV-219-INFO)* or information on how to obtain a  
18 copy of the form; and  
19

20 (iv) A blank copy of *Opposition to Application Regarding*  
21 *Psychiatric Medication (JV-222)* or information on how to  
22 obtain a copy of the form.  
23

24 (D) Proof of notice of the application regarding psychotropic  
25 medication must be filed with the court using Judicial Council  
26 form *Proof of Notice: Application Regarding Psychotropic*  
27 *Medication (JV-221)*.  
28

29 (4) ~~Any attorney or party who opposes the application must file within two~~  
30 ~~court days of notice of application (1) a statement of opposition and (2)~~  
31 ~~notice to all parties and attorneys of record of the opposition. A parent~~  
32 ~~or guardian, or his or her attorney of record, or a child’s attorney of~~  
33 ~~record, or a child’s Child Abuse Prevention and Treatment Act~~  
34 ~~guardian ad litem appointed under California Rule of Court, rule 5.662,~~  
35 ~~who is opposed to the administration of the proposed psychotropic~~  
36 ~~medication must file a completed *Opposition to Application Regarding*~~  
37 ~~*Psychotropic Medication (JV-222)* within two court days of receiving~~  
38 ~~notice of the pending application for psychotropic medication.~~  
39

40 (5) ~~If a party or attorney requests additional information before agreeing to~~  
41 ~~or opposing the application, the request must be noted on the~~  
42 ~~application, and the court may delay its decision to grant, deny, or set~~  
43 ~~the matter for a hearing until the party or attorney is provided with the~~

1 additional information and communicates to the social worker his or  
2 her consent, opposition, or request for a hearing. The social worker  
3 must then resubmit the application to the court, noting the response of  
4 the party or attorney.  
5

6 ~~(6)~~ (5) The court may grant the application without a hearing or may set the  
7 matter for hearing at the court's discretion. If the court sets the matter  
8 for a hearing, it is the obligation of the opposing party to notice all  
9 other parties the clerk of the court must provide notice of the date, time,  
10 and location of the hearing to the parents or legal guardians, their  
11 attorneys of record, the child if 12 years of age or older, the child's  
12 attorney of record, the child's current caregiver, the child's social  
13 worker, and the social worker's attorney of record at least two court  
14 days before the hearing.  
15

16 (d) \*\*\*  
17

18 (e) **Delegation of authority (§ 369.5)**  
19

20 After consideration of ~~the~~ an application and attachments and a review of the  
21 case file, the court may order that the parent be authorized to approve or  
22 deny the administration of psychotropic medication. The order must be based  
23 on the following findings, which must be included in the order: (1) the parent  
24 poses no danger to the child, and (2) the parent has the capacity to  
25 understand the request and the information provided and to authorize the  
26 administration of psychotropic medication to the child, consistent with the  
27 best interest of the child.  
28

29 (f) \*\*\*  
30

31 (g) **Emergency treatment**  
32

33 ~~In emergency situations, psychotropic medications may be administered to a~~  
34 ~~dependent with or without court authorization or court delegation of~~  
35 ~~authority to a parent in accordance with section 369(d).~~  
36

37 (1) Psychotropic medications may be administered without court  
38 authorization in an emergency situation. An emergency situation  
39 occurs when:  
40

41 (A) A physician finds that the child requires psychotropic medication  
42 because of a mental condition;  
43

- 1           (B) The purpose of the medication is:  
2  
3           (i) To protect the life of the child or others,  
4  
5           (ii) To prevent serious harm to the child or others, or  
6  
7           (iii) To treat current or imminent substantial suffering; and  
8  
9           (C) It is impractical to obtain authorization from the court before  
10 administering the psychotropic medication to the child.

11  
12       (2) Psychotropic medications may be discontinued without court  
13 authorization when:

- 14  
15       (A) A physician finds that it is necessary to do so to prevent harm to  
16 the child, and  
17  
18       (B) It is impractical to obtain authorization from the court before  
19 administering the psychotropic medication to the child.  
20  
21       (3) Court authorization must be sought as soon as practical but in no case  
22 more than two court days after the emergency administration or  
23 discontinuation of the psychotropic medication.  
24

25       (h) **Local forms and procedures**

26  
27       ~~The Judicial Council form *Application and Order for Authorization to*~~  
28 ~~*Administer Psychotropic Medication— Juvenile* (form JV-220) and~~  
29 ~~*Opposition to Application for Order for Authorization to Administer*~~  
30 ~~*Psychotropic Medication— Juvenile* (form JV-220A) must be filed with the~~  
31 ~~court. The Judicial Council forms *Application Regarding Notice*~~  
32 ~~*Psychotropic Medication* (JV-220); *Prescribing Physician’s Statement—*~~  
33 ~~*Attachment* (JV-220A); *Proof of Notice: Application Regarding Psychotropic*~~  
34 ~~*Medication* (JV-221); *Opposition to Application for Psychotropic Medication*~~  
35 ~~*(JV-222); and *Order Regarding Application for Psychotropic Medication**~~  
36 ~~*(JV-223) must be used to obtain authorization to administer psychotropic*~~  
37 ~~*medication for a dependent of the court. Additional information may be*~~  
38 ~~*provided to the court through the use of local forms that are consistent with*~~  
39 ~~*this rule. Local county practice and local rules of court determine the*~~  
40 ~~*procedures for completing and filing the forms and for the provision of*~~  
41 ~~*notice, except as otherwise provided in this rule.*~~

42  
43       (i) \*\*\*

**JV-219-INFO Information About Psychotropic Medication Forms**

Use the Judicial Council forms listed below when requesting an order regarding psychotropic medication. Local forms may be used to provide additional information to the court.

JV-220, *Application Regarding Psychotropic Medication*

JV-220A, *Prescribing Physician's Statement—Attachment*

JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*

JV-222, *Opposition to Application Regarding Psychotropic Medication*

JV-223, *Order: Application Regarding Psychotropic Medication*

**General Instructions**

- ① Use psychotropic medication forms when a child is under the jurisdiction of the juvenile court in an out-of-home placement and the child's physician is asking for an order:
  - a. giving permission for the child to receive a psychotropic medication that is not currently authorized;
  - b. renewing an order for a psychotropic medication that was previously authorized for the child because the order is due to expire; or
  - c. giving permission to stop giving a psychotropic medication to the child that is currently authorized.
- ② Use of the forms is mandatory for a child who is a dependent of the juvenile dependency court.
- ③ Use of the forms is optional for a child who is a ward of the juvenile delinquency court unless use of the forms is required by a local rule of court.
- ④ Use of the forms is not required if the court has previously entered an order giving the child's parent the authority to consent to the administration of psychotropic medication to the child.
- ⑤ Form JV-220A, *Prescribing Physician's Statement—Attachment*, must be completed and signed by the prescribing physician and forwarded to the person responsible for completing form JV-220, *Application Regarding Psychotropic Medication*, as provided for in local court rules or local practice protocols. The completed JV-220A, *Prescribing Physician Statement—Attachment*, must be attached to JV-220, *Application Regarding Psychotropic Medication*, before it is filed with the court.
- ⑥ The person or persons responsible for providing notice under local court rules or local practice protocols must complete, sign, and file with the court form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*.

**JV-220, Application Regarding Psychotropic Medication**

- ① This form provides the court with basic information about where the child lives and whether the current situation has caused the child to be moved to a temporary location such as a psychiatric hospital, a juvenile hall, a shelter home, or respite care. It also provides the name and contact information for the child's social worker or probation officer.
- ② This form may be completed by the prescribing physician, the medical office staff, the child welfare services staff, the probation department staff, or the child's caregiver. If completed by a staff person from the medical office, the child welfare services agency, the probation department, or by the child's caregiver, he or she must check the appropriate box, type or print his or her name, and sign the form. If completed by the prescribing physician, he or she must check the appropriate box and complete and sign JV-220A.



### **JV-220A, Prescribing Physician's Statement—Attachment**

- ① This form must be completed and signed by the prescribing physician, who must provide information related to the administration of the psychotropic medication including the child's diagnosis, relevant medical history, other therapeutic services, the psychotropic medication to be administered or discontinued, and the basis for the psychotropic medication recommendation.
- ② Prior court authorization must be obtained before a psychotropic medication is given to a child or before stopping a previously authorized psychotropic medication except in an emergency situation. An emergency situation occurs when a physician finds that the child requires psychotropic medication because of a mental condition and the purpose of the medication is to protect the life of the child or others, prevent serious harm to the child or others, or to treat current or imminent substantial suffering, and it is impractical to obtain prior authorization from the court. Psychotropic medications may be discontinued without court authorization when a physician finds that it is necessary to do so to prevent harm to the child and it is impractical to obtain prior court authorization. Court authorization must be sought as soon as practical but never more than two court days after the emergency administration or discontinuation of the psychotropic medication.

### **JV-221, Proof of Notice: Application Regarding Psychotropic Medication**

- ① This form provides verification of the notice required by rule 5.640 of the California Rules of Court.
- ② This form must be completed and signed by the person or persons responsible for providing notice by local court rules or local practice protocols. A separate signature line is provided on each page of the form to accommodate those counties in which the provision of notice is shared between agencies—for example, by local court rule or local practice protocol the child welfare services agency is the agency designated to provide notice to the parent or legal guardian and the caretaker, and the juvenile court clerk's office is designated to provide notice to the attorneys and CASA volunteer. If one agency does all the required noticing, only one signature is required on page 2 of the form.

### **JV-222, Opposition to Application Regarding Psychotropic Medication**

- ① This form must be used when the parent or guardian, the attorney of record for a parent or guardian, the child, or the child's attorney does not agree with the child's taking the recommended psychotropic medication or stopping of the psychotropic medication the child is currently taking.
- ② Within two court days of receiving notice of the application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, or the child's attorney who wishes to disagree must
  - a. complete, sign, and file form JV-222, *Opposition to Application Regarding Psychotropic Medication*, and
  - b. notify the parent or guardian, his or her attorney, the child, or the child's attorney of the filing of JV-222.
- ③ The court can make a decision about the child's taking the psychotropic medication by reading the application and its attachments and any opposition filed on time. The court is not required to set a hearing when an opposition is filed. If the court does set the matter for a hearing, the juvenile court clerk must provide notice of the date, time, and location of the hearing to the parents or legal guardians, their attorneys, the child if 12 years of age or older, the child's attorney, the child's current caretaker, the child's social worker, and the social worker's attorney at least two court days before the date set for the hearing.

### **JV-223, Order: Application Regarding Psychotropic Medication**

This form contains the court's findings and orders about psychotropic medications.

A completed JV-220A, *Prescribing Physician Statement—Attachment*, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

*Clerk stamps date here when form is filed.*

**DRAFT 5  
03/12/07 amb  
Not approved by  
the Judicial Council**

① Child's name: \_\_\_\_\_

② Information about where the child lives:

- a. The child lives  with a relative  in a foster home
  - with a nonrelative extended family member
  - in a regular group home  in a level 12–14 group home
  - at a juvenile camp  at a juvenile ranch
  - other (*specify*): \_\_\_\_\_

b. If applicable, name of facility where child lives:  
\_\_\_\_\_

- c. Contact information for responsible adult where child lives:
  - (1) Name: \_\_\_\_\_
  - (2) Phone: \_\_\_\_\_

③ Information about the child's current location:

- a.  The child remains at the location identified in ②.
- b.  The child is currently staying in:
  - (1)  a psychiatric hospital (*name*): \_\_\_\_\_
  - (2)  a juvenile hall (*name*): \_\_\_\_\_
  - (3)  other (*specify*): \_\_\_\_\_

④ Child's  social worker  probation officer

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

⑤ Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name:**

**Date of Birth:**

*Clerk fills in case number when form is filed.*

**Case Number:**

\_\_\_\_\_  
*Type or print name of person completing this form.*

▶ \_\_\_\_\_  
*Signature*

- Child welfare services staff: sign above
- Probation department staff: sign above
- Medical office staff: sign above
- Caregiver: sign above
- Prescribing physician: sign on page 3 of JV-220A

**JV-220A**

**Prescribing Physician's Statement—Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

- ① Type of request:
  - a.  An initial request to administer psychotropic medication to this child
  - b.  A request to continue psychotropic medication the child is currently taking
  - c.  A request to change or stop psychotropic medication the child is currently taking
  
- ② Prescribing physician:
  - a. Name: \_\_\_\_\_ License number: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone numbers: \_\_\_\_\_
  - d. Medical specialty of prescribing physician:
    - Child/adolescent psychiatry    General psychiatry    Family practice/GP    Pediatrics
    - Other (*specify*): \_\_\_\_\_
  
- ③  This application is made during an emergency situation. The emergency circumstances requiring the temporary administration or discontinuing of psychotropic medication pending the court's decision on this application are:
 

\_\_\_\_\_

\_\_\_\_\_
  
- ④ Information about the child:
 

Date of birth: \_\_\_\_\_ Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_
  
- ⑤ This request is based on a face-to-face clinical evaluation of the child by:
  - a.  the prescribing physician on (*date*): \_\_\_\_\_
  - b.  other: (*provide name, professional status, and date of evaluation*): \_\_\_\_\_
  
- ⑥ Information about child provided by (*check all that apply*):
  - child    caregiver    teacher
  - social worker    probation officer    records (*specify*): \_\_\_\_\_
  - other (*specify*): \_\_\_\_\_
  
- ⑦ Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Your name: \_\_\_\_\_

8 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*  
(Provide full Axis I and Axis II diagnoses. Inclusion of numeric codes is optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Therapeutic services, other than medication, in which the child will participate during the next six months  
(check all that apply, include frequency for group therapy and individual therapy):

- a.  Group therapy: \_\_\_\_\_ b.  Individual therapy: \_\_\_\_\_
- c.  Milieu therapy (explain): \_\_\_\_\_
- d.  Other modality (explain): \_\_\_\_\_

10 a. Relevant medical history (Describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Relevant laboratory tests performed or ordered (Optional information; provide if required by local court rule.):

- kidney function  liver function  thyroid function  UA  glucose  lipid panel
- CBC  EKG  pregnancy  medication blood levels (specify): \_\_\_\_\_
- other (specify): \_\_\_\_\_

11 Significant side effects, warnings/contraindications, drug interactions (including those with continuing medications listed in item 14 and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each medication recommended for administration or discontinuation are included in the attached document.

12 a.  The child was told about the recommended medications, their anticipated benefits, and their possible side effects and that a request to the court for permission to administer or stop the medication will be made and that he or she may oppose the request. The child's response was  agreeable  other (explain):

\_\_\_\_\_

b.  The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

- (1)  The child is too young.
- (2)  The child lacks the capacity to provide a response (explain): \_\_\_\_\_
- (3)  Other (explain): \_\_\_\_\_

13 The child's present caregiver has been informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was  agreeable  other (explain):

\_\_\_\_\_



Your name: \_\_\_\_\_

- 14** List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name ( <i>generic or brand</i> ) and symptoms targeted by each medication anticipated benefit to child	C or N	Maximum total mg/day	Treatment duration	Administration schedule ( <i>optional</i> ) <ul style="list-style-type: none"> <li>•Initial and target schedule for new medication</li> <li>•Current schedule for continuing medication</li> <li>•Provide mg/dose and # of doses/day</li> <li>•If PRN, provide conditions and parameters for use</li> </ul>
Med: Targets:				

*\*Authorization to administer limited to this time frame*

- 15** List all psychotropic medications currently administered that you propose to stop giving to the child.

Medication name ( <i>generic or brand</i> )	Reason for stopping

- 16** The psychotropic medications listed below were taken by the child in the past (more than six months ago) and were stopped.

Medication name ( <i>generic or brand</i> )	Reason for stopping

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print name of prescribing physician*



\_\_\_\_\_  
*Signature of prescribing physician*

**Proof of Notice: Application Regarding Psychotropic Medication**

*Clerk stamps date here when form is filed.*

**DRAFT 6  
03/12/07 amb  
Not approved by  
the Judicial Council**

Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

1  The following parents/legal guardians of the child were given notice of the physician's request to begin, continue, and/or stop administering psychotropic medication, the name of the medication, and that JV-220, *Application Regarding Psychotropic Medication*, and JV-220A, *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychiatric Medication*, or with information on how to obtain a copy of each form.

a. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone (*specify*): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): \_\_\_\_\_

b. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone (*specify*): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-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. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone (*specify*): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 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 caretaker was notified that JV-220 and JV-220A are pending before the court as follows:  
Caregiver (*name*): \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By phone (*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*): \_\_\_\_\_

6 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name:**

**Date of Birth:**

*Clerk fills in case number when form is filed.*

**Case Number:**

Type or print name

Signature

Signature follows on page 2.



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

7 a. The child's attorney was provided with completed forms JV-220, *Application Regarding Psychotropic Medication*, and JV-220A, *Prescribing Physician's Statement—Attachment*; a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*; and a blank copy of JV-222, *Opposition to Application Regarding Psychiatric Medication*, as follows:

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 last known address (specify): \_\_\_\_\_

b. The following attorneys were given notice of the physician's request to begin, continue, and/or stop administering psychotropic medication, the medication name, and that a JV-220, *Application Regarding Psychotropic Medication* and a JV-220A, *Prescribing Physician's Statement—Attachment* are pending before the court. They were also provided with a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychiatric Medication* or with information on how to obtain a copy of each form, as follows:

(1) Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_

Attorney for (name): \_\_\_\_\_

Manner:  In person  By phone  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

(2) Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_

Attorney for (name): \_\_\_\_\_

Manner:  In person  By phone  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

(3) Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_

Attorney for (name): \_\_\_\_\_

Manner:  In person  By phone  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

8 The child's CASA volunteer was notified that JV-220 and JV-220A are pending before the court as follows:

CASA volunteer (name): \_\_\_\_\_ Date notified: \_\_\_\_\_

Manner:  In person  By phone (specify): \_\_\_\_\_  By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to last known address (specify): \_\_\_\_\_

9  Check here if any other individuals are noticed. Attach a sheet of paper to this form, write "JV-221," at the top of the page, and list name, relationship to the child, information provided, date notified, and manner of service for each additional individual notified.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature



*Clerk stamps date here when form is filed.*

**DRAFT 4  
04/11/07 mc  
Not approved by  
the Judicial Council**

**The Court Read and Considered:**

- a. JV-220, *Application Regarding Psychotropic Medication* and JV-220A, *Prescribing Physician's Statement—Attachment* filed on (date): \_\_\_\_\_
- b.  JV-222, *Opposition to Application Regarding Psychotropic Medication*, filed on (date): \_\_\_\_\_
- c.  Other (*specify*): \_\_\_\_\_

**The Court Finds and Orders:**

- ① a.  Notice requirements were met.
- b.  Notice requirements were *not* met. Proper notice was not given to: \_\_\_\_\_

- ②  The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in (dept.): \_\_\_\_\_

- ③  Application to begin or continue psychotropic medication  
Application was made for authorization to begin or continue giving the child the psychotropic medication listed in ⑭ on page 3 of JV-220A. **A copy of page 3 is attached to this order.**  
The application is (*check one*):
  - a.  granted as requested.
  - b.  granted with the following modification or conditions to the request as made in ⑭ on the attached page 3 of JV-220A (*specify all modifications and conditions*): \_\_\_\_\_
  - c.  denied (*specify reason for denial*): \_\_\_\_\_

- ④  Application to stop psychotropic medication  
Application was made for authorization to stop giving the child the psychotropic medication listed in ⑮ on page 3 of the JV-220A. **A copy of page 3 is attached to this order.** The application is (*check one*):
  - a.  granted as requested.
  - b.  granted with the following modification or conditions to the request as made in ⑮ on attached page 3 of JV-220A (*specify*): \_\_\_\_\_
  - c.  denied (*specify reason for denial*): \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name:**

*Clerk fills in case number when form is filed.*

**Case Number:**

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted to the court giving the child medication not authorized in this order, increasing medication dosage beyond the maximum daily dosage authorized in this order, or stopping a medication authorized in this order.

Date: \_\_\_\_\_



\_\_\_\_\_  
*Signature of judge or judicial officer*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO. : _____ FAX NO.: (Optional) _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>  <b>FOR REFERENCE ONLY</b>  <b>CURRENT VERSION</b> <b>dtd July 1, 2005</b>  <input type="checkbox"/> Attachments  CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	
<p style="text-align: center;"><b>APPLICATION AND ORDER FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC MEDICATION—JUVENILE</b></p> <p style="text-align: center;"><input type="checkbox"/> Original      <input type="checkbox"/> Request to Extend</p>	

**QUESTIONS 1–4 TO BE COMPLETED BY APPLICANT**

1. The child is a  dependent (Welf. & Inst. Code, § 300) or  ward of the court (Welf. & Inst. Code, §§ 601, 602) and has been removed from the parent's physical custody.

2. Child's date of birth: \_\_\_\_\_ Child's weight: \_\_\_\_\_ Child's height: \_\_\_\_\_

3. The child is currently placed in  relative's home  foster home  group home  juvenile hall  camp  home of nonrelative extended family member  acute care hospital (name): \_\_\_\_\_  other:

4. Applicant is  child's treating physician  social worker on behalf of physician  probation officer on behalf of physician  other (specify): \_\_\_\_\_

and requests the court to:

a.  authorize the administration of the psychotropic medications described in item 8 to the child

**OR**

b.  authorize continuation of the administration of the psychotropic medications described in item 8 to the child

**OR**

c.  authorize (name): \_\_\_\_\_

(address): \_\_\_\_\_

who is the child's  parent  statutorily presumed parent  other parent  legal guardian as established by the probate or juvenile court to consent to the administration of psychotropic medications. The child's parent or legal guardian poses no danger to the child and has the capacity to authorize the administration of the medications (describe basis for this statement): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

Continued on Attachment 4.

CHILD'S NAME: _____	CASE NUMBER: _____
------------------------	-----------------------

**QUESTIONS 5–13 TO BE COMPLETED BY, OR WITH INFORMATION PROVIDED BY, PRESCRIBING PHYSICIAN**

*(No psychotropic medications for dependents and wards can be authorized in the absence of court authorization except in an emergency situation as defined by Welf. & Inst. Code, § 369(d).)*

5. a. Name of prescribing physician:  
 b. Address of prescribing physician:  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 c. Medical specialty of prescribing physician:  
 Child/adolescent psychiatry  General psychiatry  
 Other: \_\_\_\_\_  Family practice/GP  Pediatrics  
 d. Date of most recent face-to-face clinical visit:  
 Face-to-face clinical visit conducted by (name): \_\_\_\_\_  
 e. Anticipated frequency of follow-up visits with the prescribing physician:  
 f.  If this application is made during an emergency situation, describe emergency circumstances that allowed for temporary administration pending judicial order:

6. The child has been diagnosed with the following disorders:

- |  |  |
|--|--|
| a. <input type="checkbox"/> Adjustment Disorder                                      | g. <input type="checkbox"/> Intermittent Explosive Disorder                |
| b. <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder                 | h. <input type="checkbox"/> Oppositional Defiant Disorder/Conduct Disorder |
| c. <input type="checkbox"/> Autism/Other Pervasive Developmental Disorder            | i. <input type="checkbox"/> Posttraumatic Stress Disorder                  |
| d. <input type="checkbox"/> Bipolar Disorder   | j. <input type="checkbox"/> Schizophrenia/Other Psychotic Disorder         |
| e. <input type="checkbox"/> Depressive Disorder With Psychotic Features              | k. <input type="checkbox"/> Other:   |
| f. <input type="checkbox"/> Dysthymic/Depressive Disorder Without Psychotic Features |  |

Continued on Attachment 6.

7. Relevant medical history (*describe, specifying all current nonpsychotropic medications*):

Continued on Attachment 7.

CHILD'S NAME: _____	CASE NUMBER:
------------------------	--------------

8. List all psychotropic medications:

a. Medications to Rx: <i>NAME</i> ( <i>GENERIC OR BRANDS</i> )	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>
b. Medications to continue: <i>NAME</i> ( <i>GENERIC OR BRANDS</i> )	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>

CHILD'S NAME:  _____	CASE NUMBER:  _____
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8. (Continued)

c. Past Psychotropic medications  <i>NAME (GENERIC OR BRANDS)</i>	<i>MIN. DAILY DOSE</i>	<i>MAX. DAILY DOSE</i>

Continued on Attachment 8.

9. For 8b. and 8c., answer the following:

- a. Are there viable alternatives to administering psychotropic medications?  Yes  No
- b. If yes, what are those alternatives?
  
- c. Have they been tried?  Yes  No
- d. If yes, what was the response to the alternative treatments?
  
- e. If the alternative treatments were not tried, explain why:

Continued on Attachment 9.

10. Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included

- a.  in a narrative (*Attachment 9a*).
- b.  in a document provided by manufacturer or health-care provider or county mental health entity (*Attachment 10b*).

11. Other treatment plans for the child relevant to the medication regimen include  group therapy  milieu therapy  individual therapy  other (*explain*):

Continued on Attachment 11.

12. a.  The child has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The child's response was  agreeable  resistant.  
(*Child's own written statement may be attached.*)

Continued on Attachment 12a.

b.  The child has not been informed of this request because the child is too young and/or lacks the capacity to provide a response.

13. The child's present caregiver has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The caregiver's response was  agreeable  resistant.

Date: \_\_\_\_\_  Continued on Attachment 13.

\_\_\_\_\_  
(TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
(SIGNATURE OF PRESCRIBING PHYSICIAN)

CHILD'S NAME:  _____	CASE NUMBER:  _____
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**QUESTIONS 14–17 TO BE COMPLETED BY CONSULTANT PHYSICIAN — APPLICATION REVIEW**

14. A physician consulting to the court  has  has not reviewed this application.
15.  Consulting physician review is not required in this county.
16. a.  The consulting physician recommends court authorization of requested medications.  
 b.  The consulting physician does not agree and requests further information.

Date: \_\_\_\_\_

---

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF CONSULTING PHYSICIAN)

17. Comments of consulting physician (*if any*):

**QUESTIONS 18–21 TO BE COMPLETED BY SOCIAL WORKER OR JUVENILE PROBATION OFFICER**

18. a. The following people have been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

- (1)  Parent (*name*):
- (2)  Statutorily presumed parent (*name*):
- (3)  Other parent (*name*):
- (4)  Legal guardian (*name*):

b. The responses were as follows:

	Does not oppose	Opposes/ requests hearing	Requests more information	No response
(1) <input type="checkbox"/> Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <input type="checkbox"/> Statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <input type="checkbox"/> Other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <input type="checkbox"/> Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 18b.

- c.  No notice to the parents or legal guardians is required because parental rights have been terminated.
- d.  Parent/guardian (*name*): \_\_\_\_\_ has not been informed because whereabouts are unknown.
- e.  Parent/guardian (*name*): \_\_\_\_\_ has not been informed because (*state reasons*): \_\_\_\_\_

19. All attorneys of record have been informed of this request (*date/time informed*): \_\_\_\_\_ and have been given two court days to respond.

	Does not oppose	Opposes/ Requests hearing	Requests more information	No response
a. <input type="checkbox"/> Attorney for child:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Attorney for parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Attorney for statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Attorney for other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Attorney for legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Item SPR07-32 Response Form

**Title:** Juvenile: Proposed Modification to Psychotropic Medication Forms and Rule 5.640 (revise and renumber forms JV-220 and JV-220A and adopt new forms: JV-219-INFO, JV-220A, JV-221, JV-222, and JV-223)

- Agree** with proposed changes
- Agree** with proposed changes **if modified**
- Do not agree** with proposed changes

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

- Commenting on behalf of an organization**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Please **write** or **fax** or **respond using the Internet** to:

**Address:** Ms. Camilla Kieliger,  
Judicial Council, 455 Golden Gate Avenue,  
San Francisco, CA 94102

**Fax:** (415) 865-7664      **Attention:** Camilla Kieliger

**Internet:** [www.courtinfo.ca.gov/invitationstocomment](http://www.courtinfo.ca.gov/invitationstocomment)

<b>DEADLINE FOR COMMENT: 5:00 p.m., Wednesday, June 20, 2007</b>
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Your comments may be written on this *Response Form* or directly on the proposal or as a letter. If you are not commenting directly on this sheet please remember to attach it to your comments for identification purposes.

*Circulation for comment does not imply endorsement by the Judicial Council,  
the Rules and Projects Committee, or the Policy Coordination and Liaison Committee.  
All comments will become part of the public record of the council's action.*