

JUDICIAL COUNCIL OF CALIFORNIA

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INVITATION TO COMMENT SPR17-15

Title	Action Requested
Juvenile Law: Psychotropic Medication	Review and submit comments by April 28, 2017
Proposed Rules, Forms, Standards, or Statutes	Proposed Effective Date
Amend Cal. Rules of Court, rule 5.640; adopt form JV-216; revise forms JV-217-INFO, JV-219, JV-220, JV-220(A), JV-220(B), JV-221, JV-222, and JV-223	January 1, 2018
Proposed by	Contact
Family and Juvenile Law Advisory Committee	Kerry Doyle, 415-865-8791 kerry.doyle@jud.ca.gov
Hon. Jerilyn L. Borack, Cochair	
Hon. Mark A. Juhas, Cochair	

Executive Summary and Origin

The Family and Juvenile Law Advisory Committee proposes amending the rule relating to the administration of psychotropic medications to children who are dependents or wards of the court, adopting one form and revising eight forms, to address suggestions received from stakeholders who assisted with the implementation of recent statutory changes to the requirements for court authorization of psychotropic medication for foster children and others on this rule and these forms.

Background

As indicated in the bill analysis for Senate Bill 238, enacted in 2015 (Mitchell; Stats. 2015, ch. 534), “[i]n 1999, the Legislature passed Senate Bill 543 (Bowen, Ch. 552, Stats. 1999), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster youth.”¹ This legislation was passed in response to concerns that foster children were being subjected to excessive use of psychotropic medication, and that judicial oversight was needed to reduce the risk of unnecessary medication. The Judicial Council was required to adopt rules of court to implement the new requirement. Accordingly, effective July 1, 2016, the Judicial Council adopted rule 5.640 of the California

¹ Sen. Com. on Judiciary, Analysis of Sen. Bill No. 238 (2015–2016 Reg. Sess.) Apr. 7, 2015, pp. 1–2.

The proposals have not been approved by the Judicial Council and are not intended to represent the views of the council, its Rules and Projects Committee, or its Policy Coordination and Liaison Committee. These proposals are circulated for comment purposes only.

Rules of Court, which specifies the process for juvenile courts to follow in authorizing the administration of psychotropic medications and permits courts to adopt local rules to further refine the approval process.

In 2004, the provisions of SB 543 were amended by Assembly Bill 2502 (Keene; Stats. 2004, ch. 329), which required a judicial officer to approve or deny, in writing, a request for authorization to administer psychotropic medication, or set the matter for hearing within seven days. This amendment was intended to ensure timely consideration of requests for authorization to administer psychotropic medication to dependent children.

Despite these measures, concerns remain that psychotropic medication is overused and underreported in the child welfare system. SB 238 was enacted in 2015 to comprehensively address the issues related to the administration of psychotropic drugs in the foster care system by requiring additional training, oversight, and data collection by caregivers, courts, counties, and social workers. The bill also required the Judicial Council, in consultation with other identified groups, to implement specified provisions of the bill. To implement SB 238, effective July 1, 2016, the Judicial Council amended rule 5.640, approved two optional forms, adopted two mandatory forms, revised four forms, and revised and renumbered one form to implement the mandates of SB 238.

The committee has received information on an ongoing basis about how these forms are functioning. Additionally, as mentioned above, SB 238 required the Judicial Council to implement specified provisions of the bill in consultation with other stakeholder groups. Before the 2016 changes to rule 5.640 and the forms were recommended for adoption, members of the committee met with the stakeholders and made many changes to the rule and forms based on their input. The committee asked this same group of stakeholders for input on this new proposal, specifically asking if they had identified problems in using the forms or rule.

The Proposal

Based on the suggestions received from stakeholders and others, the committee is proposing several clarifying changes to the rule and forms in this “clean-up” proposal.

References to *Physician’s Request to Continue Medication—Attachment (form JV-220(B))*

This form was created to address concerns from physicians and physician groups that *Physician’s Statement—Attachment (form JV-220(A))* was too long and would take too long to complete when the physician is requesting to continue use of a medication. In response to these comments, the committee created a shortened form for a request to continue the same medication by the same physician who completed the most recent form JV-220(A). References to form JV-220(B) were not completely inserted into rule 5.640, however. Most notably, a reference was not added to subdivision (h), which requires that a copy of the order and the last two pages of form JV-220(A) be provided to the caregiver. It was also not included on *Order on Application for Psychotropic Medication (form JV-223)* as evidence the judge relied on, and there is not an instruction on the order to provide the last two pages of form JV-220(B) to the caregiver.

This proposal would amend rule 5.640 and revise form JV-223 to add the references to JV-220(B).

Length of *Physician's Statement—Attachment (form JV-220(A))* and *Physician's Request to Continue Medication—Attachment (form JV-220(B))*

The committee received input from physicians that forms JV-220(A) and JV-220(B) are time-consuming to complete in part because of duplicative questions. The committee carefully reviewed these suggestions and proposes streamlining the forms as follows:

- Removing a duplicative question regarding the symptoms that are expected to improve with the medications prescribed;
- Removing references to alphanumeric codes on form JV-220(A);
- Combining questions regarding the child's response to any current psychotropic medication and the symptoms not alleviated by other current or past treatment efforts so the prescribing physician does not need to provide the same information twice;
- Removing a question regarding the possible adverse reactions, and replacing it with a check box indicating whether the caregiver was given a copy of the informational packets regarding the medication; and
- Removing the requirement that the physician indicate the medication is a continuing medication on form JV-220(B).

The committee also proposes revising the instructions in *Application for Psychotropic Medication (form JV-220)* to clarify that the prescribing physician does not need to complete the questions beyond the first page of the form. The committee also proposes corresponding amendments to rule 5.640. These changes should help decrease the amount of time physicians spend filling out form JV-220 in jurisdictions where the belief is that if the physician is the applicant, he or she must fill out both form JV-220 and form JV-220(A) or form JV-220(B).

Parental authorization

Under Welfare and Institutions Code sections 369.5 and 739.5 and rule 5.640(e), the court may order that the parent be authorized to approve or deny the administration of psychotropic medication in limited circumstances. Although parental authorization was not addressed in the winter 2016 proposal, the committee has become aware that the parental authorization process is unclear. The committee received a question from one county regarding whether form JV-220 is required when all parties agree that the parents can consent to psychotropic medication. Sections 369.5 and 739.5 are silent as to the process for the juvenile court to issue an order delegating the

authority to a parent.² Rule 5.640(e), however, requires that the court first consider an application and attachments and review the case file.³

To clarify the process, the committee proposes revising rule 5.640(e) to mirror statute and to remove the requirement that the court must first consider an application and attachments and review the case file before it can issue an order delegating authority to a parent. The committee further proposes that the rule cross-reference the statute with the required findings to support such an order.

The committee also proposes adopting mandatory *Order Delegating Judicial Authority Over Psychotropic Medication* (form JV-216) to document the court's findings and order.

Other form changes

Guide to Psychotropic Medication Forms (form JV-217-INFO) omits parents in the description of people who can submit optional forms. The committee proposes revising this form to include parents and to include references to form JV-220(B) where necessary.

The signature line on *Statement About Medicine Prescribed* (form JV-219) reads "Caregiver signs here." The form, however, can also be filled out by parents, CASA volunteers, and Indian tribes. The committee therefore proposes changing the signature line to read "Sign your name."

Proof of Notice of Application (form JV-221) is a mandatory form that currently omits several of the documents that must be provided to the various parties when making an application for psychotropic medication. It also allows the applicant to explain how the caregiver was given information on how to obtain copies of the required forms, but rule 5.640 requires that the caregiver be given copies; it does not authorize the alternative approach of giving the caregiver information about how to obtain copies of the forms.

One court pointed out that submitting more than one *Input on Application for Psychotropic Medication* (form JV-222) is possible, but *Order on Application for Psychotropic Medication* (form JV-223) has space to enter only one form JV-222 as evidence on which the court relied. The committee proposes revising form JV-223 to allow for multiple submissions of form JV-222 and *Statement About the Medicine Prescribed* (form JV-219), and to reference form JV-220(B), as discussed above.

² Sections 369.5 and 739.5 require that this delegation be requisite on making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications.

³ The findings required by rule 5.640 are broader than those required by section 369.5. The rule requires the court to find that (1) the parent poses no danger to the child, and (2) the parent has the capacity to understand the request and the information provided and to authorize the administration of psychotropic medication to the child, consistent with the best interest of the child.

The committee proposes revising form JV-222 to request information about how long the person filling out the form has known the child and if the child is living in the person's home, for how long the child has lived with him or her.

Other changes to rule 5.640

One large county asked who is required to give notice to the parties of the application. Rule 5.640(c)(8), which governs notice, does not specify. Rule 5.640(c)(5), however, provides that "local county practice and local rules of court determine the procedures for completing and filing the forms and for the provision of notice." The committee proposes amending the rule and moving the text regarding local practice to the paragraph of the rule governing notice.

Rule 5.640(c)(8) does not specify deadlines for serving *Proof of Notice of Application* (form JV-221) on the other parties. The committee proposes revising the rule to clarify that form JV-221 must be filed at the same time as the application.

Alternatives Considered

The committee considered consolidating or eliminating a number of questions on the *Physician's Statement—Attachment* (form JV-220(A)) and *Physician's Request to Continue Medication—Attachment* (form JV-220(B)). The committee proposes some streamlining of these forms to address this concern; however, the committee concluded that most of the questions are critical to the court's oversight role of psychotropic medication and should remain on the form. For example, the committee concluded that specific questions on an assessment of the child's overall mental health and nonpharmacological treatments that the child is participating in were necessary to perform judicial oversight of the orders for psychotropic medication. Judges are also accepting forms that reference another item number if the information is contained in an item already filled out by the physician.

The committee considered that children's Health and Education Passports (HEPs), which are meant to relay pertinent medical information that would support the completion of form JV-220(A) and form JV-220(B), are not delivered in a timely fashion, if at all. Regarding a request that the committee recognize these delays and develop workarounds, the committee concluded that county agencies must resolve this issue, which is not under the council's rule-making authority.

The committee considered, at the request of public health nurses, whether essential laboratory tests should be mandated to be attached to the application for psychotropic medication. The committee concluded that tests need not be attached, given confidentiality concerns and an existing cross-reference in the rule to the Civil Code section that governs how public health nurses can get the necessary information to perform their oversight role.

The committee considered specifying on *County Report on Psychotropic Medication* (form JV-224) which social worker or probation officer should complete the form if the child is placed outside his or her county of original jurisdiction and the responsibility for providing or arranging

for specialty mental health services is transferred to his or her county of residence. The committee concluded, however, that the social worker or probation officer with the most information regarding the child’s mental health treatment should fill out this mandatory form and that person could differ on a case-by-case basis. The committee therefore does not propose directing or limiting who should fill out the form.

Implementation Requirements, Costs, and Operational Impacts

All the forms and procedures discussed in this invitation to comment were effective July 1, 2016. In implementing the revised forms, courts will incur standard reproduction costs.

Request for Specific Comments

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Should a form be created to document the court’s findings and order when the court orders that a parent is authorized to approve or deny the administration of psychotropic medication? If so, should that form be mandatory or optional?
- Should rule 5.640(e) include legal guardians, in addition to parents, as those the court can order authorized to approve or deny the administration of psychotropic medication?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

Attachments and Links

1. Proposed Cal. Rules of Court, rule 5.640, at pages 7–10
2. Proposed forms JV-216, JV-217-INFO, JV-219, JV-220, JV-220(A), JV-220(B), JV-221, JV-222, and JV-223, at pages 11–38
3. Link A: Senate Bill 238,
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB238

1 **Rule 5.640. Psychotropic medications**

2
3 (a) * * *

4
5 (b) **Authorization to administer (§§ 369.5, 739.5)**

6
7 (1) Once a child is declared a dependent child of the court and is removed from
8 the custody of the parents or guardian, only a juvenile court judicial officer is
9 authorized to make orders regarding the administration of psychotropic
10 medication to the child, unless the court orders that the parent or guardian is
11 authorized to approve or deny the medication under subdivision (e) of this
12 rule.

13
14 (2) Once a child is declared a ward of the court, removed from the custody of the
15 parents or guardian, and placed into foster care, as defined in Welfare and
16 Institutions Code section 727.4, only a juvenile court judicial officer is
17 authorized to make orders regarding the administration of psychotropic
18 medication to the child, unless the court orders that the parent or guardian is
19 authorized to approve or deny the medication under subdivision (e) of this
20 rule.

21
22 (3) The court must grant or deny the application using *Order on Application for*
23 *Psychotropic Medication* (form JV-223).

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25 (c) **Procedure to obtain authorization**

26
27 (1) To obtain authorization to administer psychotropic medication to a dependent
28 child of the court who is removed from the custody of the parents or
29 guardian, or to a ward of the court who is removed from the custody of the
30 parents or guardian and placed into foster care, the following forms must be
31 completed and filed with the court:

32
33 (A) *Application for Psychotropic Medication* (form JV-220); ~~and~~

34
35 (B) *Physician's Statement—Attachment* (form JV-220(A)), unless the
36 request is to continue the same medication and maximum dosage by the
37 same physician who that completed the most recent JV-220(A); then
38 the physician may complete *Physician's Request to Continue*
39 *Medication—Attachment* (form JV-220(B)); and

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41 (C) *Proof of Notice of Application* (form JV-221).

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43 (2)–(4) * * *

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(5) Local county practice and local rules of court determine the procedures for completing and filing the forms ~~and for the provision of notice~~, except as otherwise provided in this rule. ~~The person or persons responsible for providing notice as required by local court rules or local practice protocols are encouraged to use the most expeditious manner of service possible to ensure timely notice.~~

(6) *Application for Psychotropic Medication* (form JV-220) may be completed by the prescribing physician, medical office staff, child welfare services staff, probation officer, or the child’s caregiver. If the applicant is the social worker or probation officer, he or she must complete all items on form JV-220. If the applicant is the prescribing physician, medical office staff, or child’s caregiver, he or she must complete and sign only page one of form JV-220.

(7) The physician prescribing the administration of psychotropic medication for the child must complete and sign *Physician’s Statement—Attachment* (form JV-220(A)) or, if it is a request to continue the same medication by the same physician who ~~that~~ completed the most recent JV-220(A), then the physician may complete and sign *Physician’s Request to Continue Medication—Attachment* (form JV-220(B)).

~~(7)~~(8) The court must approve, deny, or set the matter for a hearing within seven court days of the receipt of the completed form JV-220 and form JV-220(A) or form JV-220(B).

~~(8)~~(9) Notice of the application must be provided to the parents or legal guardians, their attorneys of record, the child’s attorney of record, the child’s Child Abuse Prevention and Treatment Act guardian ad litem, the child’s current caregiver, the child’s Court Appointed Special Advocate, if any, and where a child has been determined to be an Indian child, the Indian child’s tribe (see also 25 U.S.C. § 1903(4)–(5); Welf. and Inst. Code, §§ 224.1(a) and (e) and 224.3).

(A) If the child is living in a group home, notice to the caregiver must be by notice to the group home administrator, or to the administrator’s designee, as defined in California Code of Regulations, title 22, regulation section 84064.

~~(B)~~—Local county practice and local rules of court determine the procedures for the provision of notice, except as otherwise provided in this rule. The person or persons responsible for providing notice as required by

1 local court rules or local practice protocols are encouraged to use the
2 most expeditious manner of service possible to ensure timely notice.

3
4 (C) Notice must be provided as follows:

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6 (A)(i) * * *

7 (i)-(v)a-e ****

8
9 (B)(ii) * * *

10 (i)-(v)a-e ****

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12 (C)(iii) * * *

13 (i)-(v)a-e ****

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15 (D)(iv) * * *

16 (i)-(vi)a-f ****

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18 (E)(v) * * *

19
20 ~~(9)(10)~~ * * *

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22 ~~(10)(11)~~ * * *

23
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25 (d) * * *

26
27 (e) **Delegation of authority (§§ 369.5; 739.5)**

28
29 ~~After consideration of an application and attachments and a review of the case file,~~
30 If a child is removed from the custody of his or her parent, the court may order that
31 the parent ~~be~~ is authorized to approve or deny the administration of psychotropic
32 medication. The order must be based on the ~~following~~ findings in section 369.5 or
33 section 739.5, which must be included in the order: (1) ~~the parent poses no danger~~
34 ~~to the child, and (2) the parent has the capacity to understand the request and the~~
35 ~~information provided and to authorize the administration of psychotropic~~
36 ~~medication to the child, consistent with the best interest of the child. The court~~
37 must use form JV-216 to document the findings and order.

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39 (f)-(g) * * *

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41 (h) **Copy of order to caregiver**

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43 (1)-(2) * * *

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- (3) If the court approves the request, the copy of the order must include the last two pages of form JV-220(A) or the last two pages of form JV-220(B) and all medication information sheets (medication monographs) that were attached to form JV-220(A) or form JV-220(B).

- (4) If the child resides in a group home, a copy of the order, the last two pages of form JV-220(A) or the last two pages of form JV-220(B), and all medication information sheets (medication monographs) that were attached to ~~the form~~ form JV-220(A) or form JV-220(B) must be provided to the group home administrator, or to the administrator’s designee, as defined in California Code of Regulations, title 22, regulation section 84064.

- (5) If the child changes placement, the social worker or probation officer must provide the new caregiver with a copy of the order, the last two pages of form JV-220(A) or the last two pages of form JV-220(B), and the medication information sheets (medication monographs) that were attached to form JV-220(A) or form JV-220(B).

(i)-(k) * * *

Clerk stamps date here when form is filed.

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① Parent (*name*): _____

- ② The court finds as follows:
- a. The parent poses no danger to the child.
 - b. The parent has the capacity to authorize psychotropic medications.

③ The parent in ① is authorized to approve or deny the administration of psychotropic medication for the child.

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:

Court fills in case number when form is filed.

Case Number:

Date:



Signature

JV-217-INFO Guide to Psychotropic Medication Forms

Use these Judicial Council forms to ask for an order to give (or to continue giving) psychotropic medication to a child who is a ward or a dependent of the juvenile court and living in an out-of-home placement or in foster care, as defined in Welfare and Institutions Code section 727.4. Local forms may be used to provide additional information to the court.

Exception: These forms are **not** required in these situations:

- If the child lives in an out-of-home facility **not** considered foster care, as defined by section 727.4, unless a local court rule requires it; or
- If there is a previous court order that gives the child’s parent(s) the authority to approve or refuse the medication.

Required Forms	Optional Forms
JV-220 <i>Application for Psychotropic Medication</i>	The parent , child, caregiver, CASA, or Indian tribe wanting to give input to the court may use one of these forms: JV-218 <i>Child’s Opinion About the Medicine</i> JV-219 <i>Statement About Medicine Prescribed</i>
JV-220(A) <i>Physician’s Statement—Attachment</i>	
JV-220(B) <i>Physician’s Request to Continue Medication—Attachment</i>	A person who opposes the proposed medication or who wants to give the court more information may fill out this form: JV-222 <i>Input on Application for Psychotropic Medication</i>
JV-221 <i>Proof of Notice of Application</i>	
JV-223 <i>Order on Application for Psychotropic Medication</i>	
JV-224 <i>County Report on Psychotropic Medication</i>	

Required Forms

① Form JV-220, Application for Psychotropic Medication

This *Application* gives the court basic information about the child and his/her living situation. It also provides contact information for the child’s social worker or probation officer.

This form is usually completed by the social worker or probation officer, but is sometimes completed by the prescribing physician or his/her staff, or the child’s caregiver.

Whoever completes the form must identify him/herself by name and by signing the form. If the prescribing physician completes this form, s/he must also complete and sign form JV-220(A) or form JV-220(B). (*See below.*)

② Form JV-220(A), Physician’s Statement—Attachment

This form is used to ask the court for a *new* order. The prescribing doctor fills out this form then gives it to the person who files the *Application* (form JV-220).

This form provides a record of the child’s medical history, diagnosis, previous treatments, and information about the child’s previous experience with psychotropic medications. The doctor will list his/her reasons for recommending the psychotropic medications.

Emergencies: A child may **not** receive psychotropic medication without a court order except in an emergency. A doctor may administer the medication on an emergency basis. For a case to qualify as an emergency, the doctor

must find that the child’s mental condition requires immediate medication to protect him/her or others from serious harm or significant suffering, and that waiting for the court’s authorization would put the child or others at risk. After a doctor administers emergency medication, s/he has two days at most to ask for the court’s authorization.

③ Form JV-220(B), Physician’s Request to Continue Medication—Attachment

This is a shorter version of form JV-220(A). It may be used only by the same doctor who filled out the most recent form JV-220(A) if s/he is prescribing the same medication with the same maximum dosage. The prescribing doctor fills out this form then gives it to the person who is filing the *Application* (form JV-220).

④ Form JV-221, Proof of Notice of Application

This form shows the court that all parties with a right to receive notice were served a copy of the *Application* and attachments, according to rule 5.640 of California Rules of Court.

The person(s) in charge of notice must fill out and sign this form. A separate signature line is provided on each page of the form to accommodate those courts in which the provision of notice is shared between agencies. This occurs when local practices or local court rules require the child welfare services agency to provide notice to the parent or legal guardian and the caregiver, and the juvenile court clerk’s office to provide notice to the attorneys and CASA



volunteer. If one agency does all the required noticing, only one signature is required on page 3 of the form. The person(s) in charge of service should use the fastest method of service available so that people can be served on time. E-notice can be used only if the person or people to be e-served agree to it. (Code Civ. Proc., § 1010.6)

⑤ Form JV-223, Order on Application for Psychotropic Medication

This form lists the court's findings and orders about the child's psychotropic medications. The agency or person who filed the *Application* must provide the child's caregiver a copy of the court order approving or denying the *Application*.

The copy of the order must be provided (in person or by mail) within two days of when the order is made.

If the court approves the *Application*, the copy of the order must include the last two pages of form JV-220(A) or JV-220(B), and all of the medication information sheets (medication monographs) that were attached to form JV-220(A) or JV-220(B).

If the child's placement is changed, the social worker or probation officer must provide the new caregiver with a copy of the order, the last two pages of form JV-220(A) or JV-220(B), and all of the medication information sheets (medication monographs) that were attached to form JV-220(A) or JV-220(B).

⑥ Form JV-224, County Report on Psychotropic Medication

The social worker or probation officer must complete and file this form before each progress review. It has information that the court must review, including the caregiver's and child's observations about the medicine's effectiveness and side effects, information on medication management appointments and other follow-up appointments with medical practitioners, and information on the delivery of other mental health treatments.

This form must be filed at least 10 calendar days before the progress review hearing. If the progress review is scheduled for the same time as a status review hearing, the form must be attached to and filed with the court report.

Optional Forms

⑦ Form JV-218, Child's Opinion About the Medicine

The child may use this form to tell the judge about him/herself and his/her opinion about the medicine.

The child may ask someone s/he trusts for help with the form.

The child may also tell the judge how s/he feels in person at the hearing, by letter, or through his social worker, probation officer, lawyer, or CASA.

⑧ Form JV-219, Statement About Medicine Prescribed

The parent, caregiver, CASA, or Indian tribe may use this form to tell the court how they feel about the *Application*, and the effectiveness and side effects of the medicine.

This form must be filed within four court days of receipt of the notice of an *Application*, or before any status review hearing or medication progress review hearing.

This form is not the only way for the parent, caregiver, CASA, or tribe to provide information to the court. They can also provide input on the medication by letter; by talking to the judge at the court hearing; or through the social worker, probation officer, attorney of record, or CASA. A CASA can also file a report under local rule.

⑨ Form JV-222, Input on Application for Psychotropic Medication

This form may be used when the parent or guardian, attorney of record for a parent or guardian, child, child's attorney, child's CAPTA guardian ad litem, or Indian child's tribe does not agree that the child should take the recommended psychotropic medication. This form may also be used to provide input to the court.

Within four court days of service of notice of the pending application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, the child's attorney, the child's CAPTA guardian ad litem, or the Indian child's tribe that disagrees must complete, sign, and file form JV-222 with the clerk of the juvenile court.

The court will make a decision about the child's psychotropic medication after reading the *Application*, its attachments, and all statements filed on time. The court is not required to set a hearing if a statement opposed to medication 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 caregiver, the child's social worker, the social worker's attorney, the child's CAPTA guardian ad litem, the child's CASA, if any, and the Indian child's tribe at least two court days before the hearing date. In delinquency matters, the clerk also must provide notice to the child regardless of his or her age, the child's probation officer, and the district attorney.

Clerk stamps date here when form is filed.

**DRAFT
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the Judicial Council**

You may use this form to give the court input on the request for an order for medication for the youth.

You do not *have to* use this form if you do not want to. There are other ways to give input to the court. You may:

- Send a letter to the judge,
- Speak to the judge at the hearing, or
- Ask your lawyer or the child’s social worker, probation officer, or CASA to tell the judge how you feel.

You may add pages to this form if you need more space for your answers. Please put the child’s 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

Child’s name: _____
(first) (middle) (last)

Fill in child’s name and date of birth:

Child’s Name:

Date of Birth:

1 Your name: _____
(first) (middle) (last)

Court fills in case number when form is filed.

Case Number:

2 Your relationship to the child: Caregiver CASA
 Indian Tribe Parent
 Other (*explain*): _____

3 How long have you known the child? _____
(years) (months) (days)

4 How long has the child lived in your home or facility? _____
(years) (months) (days)

The child does not live with me.

Child’s Behavior

5 How does the child act at home? Don’t know
Describe here: _____

6 How does the child act at school? Don’t know
Describe here: _____



Case Number: _____

Child's name: _____

7 How does the child interact with friends and peers? Don't know
Describe here: _____

8 How does the child interact with adults? Don't know
Describe here: _____

9 How does the child sleep? Don't know
Describe how well the child sleeps and about how many hours each day: _____

Describe the Child's Treatment Now

10 List any other treatment the child is doing now:
 None Individual talk therapy Family therapy
 Group talk therapy Counseling at school Art or play therapy
 Cognitive Behavioral Therapy (CBT or practicing behaviors)
 Other (list any other treatment here): _____

11 List all the medicines the child takes regularly now: Don't know
Name of medicine: _____ Dose (if you know): _____
Name of medicine: _____ Dose (if you know): _____
Name of medicine: _____ Dose (if you know): _____
 Other medicines (list here): _____

12 Did you meet with the doctor who prescribed the psychotropic medicine? Yes No
If Yes:
a. Did the doctor explain the medicine's expected benefits, and possible side effects, and provide other information about the medicine? Yes No
b. Did you give the doctor information about the child? Yes No
c. Do you agree with use of the medication? Yes No Not sure

Child's name: _____

13 Follow-up and Maintenance

- a. Do you know about the child's follow-up plan with this doctor? Yes No
- b. Do you know how to schedule follow-up appointments with this doctor? Yes No
- c. Do you know how and where to get the medicine the doctor prescribed? Yes No
- d. Do you know how to make sure the child gets to the follow-up appointments? Yes No
- e. Do you know how the child is supposed to take this medicine? Yes No
- f. Do you know who is in charge of making sure s/he takes the medicine correctly? Yes No
If Yes, describe here: _____
- g. Do you know what to do if the child has a bad reaction to the medicine? Yes No

14 List below anything else you want the judge to know.

Fill out questions 15–23 ONLY if the child is taking psychotropic medicine now

If the child is not taking this/any psychotropic medicine now, skip to question 24.

- 15** Does the medicine affect the child's school or ability to learn? Yes No Don't know
If Yes, describe here: _____
- _____
- _____

- 16** Does the medicine affect the child's ability to concentrate? Yes No Don't know
If Yes, describe here: _____
- _____
- _____

- 17** Does the child have reasonable energy levels throughout the day? Yes No Don't know
If No, describe here: _____
- _____
- _____

- 18** Does the medicine affect the child's participation in hobbies or after-school activities?
 Yes No Don't know
If Yes, describe here: _____
- _____
- _____



Case Number: _____

Child's name: _____

19 Is it easy to get the child to take the medicine? Yes No Don't know
If No, describe what it's like: _____

20 Does anyone talk to the child about how he or she feels when he or she is on this medicine?
 Yes No Don't know
If Yes, explain who and how often: _____

21 Has the child's weight changed with this medicine? Yes No Don't know
If Yes, check one: Lost weight Gained weight How many pounds? _____

22 List any other side effects from the medicine:
 Headache Constipation Confusion Feel dizzy
 Problems sleeping Feeling very sleepy Nausea
 Other (list any other side effects here): _____

23 List any benefits you have noticed from the child's taking this medicine:

24 Check here if you are going to add extra pages to this form. Any say how many pages: _____

Date:

Type or print your name

Sign your name

JV-220

**Application for
Psychotropic Medication**

A completed and signed *Physician's Statement—Attachment (form JV-220(A))*, or *Physician's Request to Continue Medication—Attachment (form JV-220(B))* with all its attachments must be attached to this form before it is filed with the court. Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

1 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 group home, level _____ at a juvenile custodial facility in a short-term residential treatment center other (specify): _____

b. If applicable, the name of the facility where the child lives: _____

c. Contact information for a responsible adult where the child lives:

(1) Name:

(2) Phone:

d. The child has lived at the placement in (a) since (insert date): _____

2 Information about the child's current location:

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

3 Child's social worker probation officer

a. Name:

b. Address:

c. Phone:

E-mail:

Fax:

4 Number of pages attached:

Date:

Type or print name of person completing this form

Signature

- Child welfare services staff (sign above, complete items **5**–**13**, and sign on page 4)
- Probation department staff (sign above, complete items **5**–**13**, and sign on page 4)
- Medical office staff (sign above)
- Caregiver (sign above)
- Prescribing physician (sign on page 6 of JV-220(A) or page 4 of JV-220(B))

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:

Court fills in case number when form is filed.

Case Number:



Child's name: _____

If you are the child's social worker or probation officer, you must fill out items 5–13 of this form. If you do not know the answer to a question, write "I do not know." If you are not the child's social worker or probation officer, you do not need to fill out items 5–13 of this form.

5 Describe if the child has shared feelings about starting to take medication. If this is a request to renew or modify medication, include what the child reports regarding the benefits and side effects of having taken the medication.

6 The child will provide input on the medication being prescribed (check all that apply):
a. Through the social worker/probation officer. b. Through his or her attorney.
c. Through his or her CASA. d. By filling out form JV-218.
e. By writing a letter to the judge. f. By talking to the judge at a hearing.
g. Other (specify): _____

7 Describe what the caregiver reports regarding the child being placed on the medication. If this is a request to renew or modify medication, include what the caregiver reports regarding the benefits and side effects of having the child take medication.

8 The caregiver will provide input on the medication being prescribed (check all that apply):
a. Through the social worker/probation officer.
b. By filling out JV-219.
c. By writing a letter to the judge.
d. By talking to the judge at a hearing.
e. Other (specify): _____

9 a. Is the information provided by the physician on form JV-220(A) at questions 10 and 11 or on form JV-220(B) at question 8 accurate, to the best of your knowledge?
 Yes No I do not know
b. Do you have additional information about mental health treatment alternatives to the proposed medications that have been used in the last six months? Yes No If yes, explain:



Child's name: _____

9 c. Do you have additional information to add about other psychotropic medications that have been tried in the last six months? Yes No If yes, explain:

d. List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped, if the reasons are known to you.

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

10 Therapeutic services, other than medication, which the child is enrolled in or is recommended to participate in during the next six months (check all that apply; include frequency for therapy on blank line):

- a. Group therapy: _____ b. Individual therapy: _____
- c. Milieu therapy (explain): _____
- d. Therapeutic Behavioral Services (TBS): _____
- e. Therapy for children on the autism spectrum: _____
- f. Art therapy: _____
- g. Cognitive behavioral therapy (CBT): _____
- h. Wraparound services: _____
- i. American Indian/Alaska Native healing and cultural traditions: _____
- j. Speech therapy: _____
- k. In Home Behavioral Services (IHBS): _____
- l. Other modality (explain): _____

11 What other services could benefit or enhance the child's well-being (for example, sports, art, extracurricular activities)?

JV-220(A)

**Physician's Statement—
Attachment**

Case Number: _____

This form must be completed and signed by the prescribing physician. Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

① Information about the child (*name*): _____
 Date of birth: _____ Current height: _____ Current weight: _____
 Gender: _____ Ethnicity: _____

② Type of request:
 a. An initial request to administer psychotropic medication to this child
 b. A request to start a new medication or to increase the maximum dose of a previously approved medication
 c. A request to continue psychotropic medication the child is currently taking

③ This application is made during an emergency situation as defined in California Rules of Court, rule 5.640(i). The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:

④ 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*): _____
 e. How long have you been treating the child? _____ years _____ months _____ days
 f. In what capacity have you been treating the child (e.g., treating psychiatrist, treating pediatrician)?

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 the child was provided to the prescribing physician by (*check all that apply*):
 Child Caregiver Teacher Social worker Probation officer Parent
 Public health nurse Tribe
 Records (*specify*): _____
 Other (*specify*): _____

Case Number:

Child's name: _____

7 Provide to the court your assessment of the child's overall mental health. I don't know.

8 Describe the child's symptoms, including duration, and the child's treatment plan. I don't know.

9 a. Describe the child's response to any current psychotropic medication. I don't know.

b. Describe the symptoms not alleviated or ameliorated by other current or past treatment efforts. I don't know.



Child's name: _____

- 10 a. Have nonpharmacological treatment alternatives to the proposed medications been tried in the last six months?
 Yes No I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

- 11 a. Have other pharmacological treatment alternatives to the proposed medications been tried in the last six months?
 Yes No I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

c. List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

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

12 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*:



Child's name: _____

13 Relevant medical history (*describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results*):

I don't know.

14 a. All essential laboratory tests were performed.
b. All essential laboratory tests were not performed (*explain what laboratory tests were not done and why*).

15 a. The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects, and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was

agreeable not agreeable

Briefly describe child's response: _____

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 lacks the capacity to provide a response (*explain*): _____

(2) other (*explain*): _____

16 Therapeutic services, other than medication, in which the child is enrolled in or is recommended to participate during the next six months (*check all that apply; include frequency for therapy on blank line*):

a. Group therapy: _____ b. Individual therapy: _____

c. Milieu therapy (*explain*): _____

d. Therapeutic Behavioral Services (TBS): _____

e. Therapy for children on the autism spectrum: _____

f. Art therapy: _____

g. Cognitive behavioral therapy (CBT): _____

h. Wraparound services: _____

i. American Indian/Alaska Native healing and cultural traditions: _____

j. Speech therapy: _____

k. In Home Behavioral Services (IHBS): _____

l. Other modality (*explain*): _____



Case Number: _____

Child's name: _____

17 a. Mandatory Information Attached: Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

b. The caregiver was informed of the mandatory information, which is attached.

c. The caregiver's response was agreeable other (*explain*):

18 Additional information regarding medication treatment plan and follow up: _____

19 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).

<i>Medication name (generic/brand) and class, and symptoms targeted by each medication's anticipated benefit to child</i>	<i>C or N</i>	<i>Maximum total mg/day</i>	<i>Treatment duration*</i> 6 month maximum	<i>Administration schedule</i>
				<ul style="list-style-type: none"> • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: Class: Targets:				

*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.



Case Number: _____

Child's name: _____

20 Other information about the prescribed medication that you want the court to know (e.g., reasons for prescribing more than one medication in a class, prescribing outside the approved range, or prescribing medication not approved for a child of this age):

21 List all psychotropic medications currently administered that will be stopped if this application is granted.

<i>Medication name (generic or brand)</i>	<i>Reason for stopping</i>	<i>Stop immediately or over period of time? (specify, including time)</i>

Date:

Type or print name of prescribing physician

Signature of prescribing physician

JV-220(B)

Physician’s Request to Continue Medication—Attachment

Case Number:

This form must be completed and signed by the prescribing physician. Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

1 Information about the child (*name*): _____
Date of birth: _____ Current height: _____ Current weight: _____
Gender: _____ Ethnicity: _____

2 Fill out this form **only** if both boxes below are checked. If you cannot check both boxes, fill out form JV-220(A).
a. This is a request to continue the same psychotropic medication and maximum dosage that the child is currently taking.
b. This is the same prescribing physician **who completed** the most recent form JV-220(A).

3 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*): _____

4 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*): _____

5 Information about the child was provided to the prescribing physician by (*check all that apply*):
 Child Caregiver Teacher Social worker Probation officer Parent
 Public health nurse Tribe
 Records (*specify*): _____
 Other (*specify*): _____

6 Provide to the court your assessment of the child’s overall mental health.



Child's name: _____

7 a. Describe the child's response to any current psychotropic medication.

b. Describe the symptoms not alleviated or ameliorated by other current or past treatment efforts.

8 a. Have nonpharmacological treatment alternatives to the proposed medications been tried in the last six months?
 Yes No I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

9 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*:

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



Case Number:

Child's name: _____

- 11 a. All essential laboratory tests were performed.
b. All essential laboratory tests were not performed (*explain what laboratory tests were not done and why*).

- 12 a. The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects, and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was:
 Agreeable Not agreeable
Briefly describe child's response: _____

- 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 lacks the capacity to provide a response (*explain*): _____

(2) Other (*explain*): _____

13 a. **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

b. The caregiver was informed of the mandatory information, which is attached.

- c. The caregiver's response was agreeable other (*explain*):

14 Additional information regarding medication treatment plan and follow-up: _____



Case Number: _____

Child's name: _____

- 15** Therapeutic services, other than medication, in which the child is enrolled in or is recommended to participate during the next six months (*check all that apply; include frequency for therapy on blank line*):
- a. Group therapy: _____ b. Individual therapy: _____
 - c. Milieu therapy (*explain*): _____
 - d. Therapeutic Behavioral Services (TBS): _____
 - e. Therapy for children on the autism spectrum: _____
 - f. Art therapy: _____ g. Cognitive behavioral therapy (CBT): _____
 - h. Wraparound services: _____
 - i. American Indian/Alaska Native healing and cultural traditions: _____
 - j. Speech therapy: _____
 - k. In Home Behavioral Services (IHBS): _____
 - l. Other modality (*explain*): _____

16 List all psychotropic medications currently administered that you propose to continue.

<i>Medication name (generic/brand) and symptoms targeted by each medication's anticipated benefit to child</i>	<i>Maximum total mg/day</i>	<i>Treatment duration*</i> 6 month maximum	<i>Administration schedule</i> <ul style="list-style-type: none"> • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: Class: Targets:			

*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

17 Other information about the prescribed medication that you want the court to know (e.g., **reasons for** prescribing more than one medication in a class, prescribing outside the approved range, or prescribing medication not approved for a child of this age):

Date: _____

Type or print name of prescribing physician



Signature of prescribing physician

Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

DRAFT
Not approved by
the Judicial Council

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, a blank copy of form JV-219, *Statement About Medicine Prescribed*, and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*.

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 electronic service at (*e-mail address*): _____
_____ (*time sent*): _____
 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (*specify*): _____

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

b. Name: _____ Date notified: _____
Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By electronic service at (*e-mail address*): _____
_____ (*time sent*): _____
 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (*specify*): _____

Court fills in case number when form is filed.

Case Number:

c. Name: _____ Date notified: _____ Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By electronic service at (*e-mail address*): _____ (*time sent*): _____
 By depositing the required information in a sealed envelope in the U.S. 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, *Guide to Psychotropic Medication Forms*, a blank copy of form **JV-218, *Child’s Opinion About the Medicine***, and a blank copy of form JV-219, *Statement About Medicine Prescribed* as follows:



Case Number: _____

Child's name: _____

- 5 Caregiver's name: _____ Date notified: _____
 Manner: In person By phone at (specify): _____ By electronic service at (e-mail address): _____
 _____ (time sent): _____ By depositing the required information
 in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the following address
 (specify): _____

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

Sign your name Signature follows on page 3.

- 6 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 completed form JV-220, *Application for Psychotropic Medication*; completed form JV-220(A), *Physician's Statement—Attachment* or completed form JV-220(B), *Physician's Request to Continue Medication—Attachment*; a copy of form JV-217-INFO, *Guide to Psychotropic Medication Forms*; a blank form JV-218, *Child's Opinion About the Medicine*; and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*, as follows:

- a. Attorney's name: _____ Date notified: _____
 Manner: In person By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing copies in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

- b. CAPTA guardian ad litem's name: _____ Date notified: _____
 Manner: In person By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing copies in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

- 7 The following attorneys were notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided form JV-217-INFO, *Guide to Psychotropic Medication Forms*; a blank copy of form JV-219, *Statement About Medicine Prescribed*; and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*, as follows:

- a. Attorney's name: _____ Date notified: _____
 Attorney for (name): _____
 Manner: In person By phone at (specify): _____ By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information and copies of forms JV-217-INFO and JV-222 in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

- b. Attorney's name: _____ Date notified: _____
 Attorney for (name): _____
 Manner: In person By phone at (specify): _____ By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____



Case Number: _____

Child's name: _____

- 7 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____
- c. Attorney's name: _____ Date notified: _____
 Attorney for (name): _____
 Manner: In person By phone at (specify): _____ By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

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

Date: _____

_____ Sign your name Signature appears below

Type or print name

- 8 The child's CASA volunteer was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. The CASA volunteer was provided form JV-217-INFO, Guide to Psychotropic Medication Forms; a blank copy of form JV-218, Child's Opinion About the Medicine; and a blank copy of form JV-219, Statement About Medicine Prescribed, as follows:
- CASA volunteer (name): _____ Date notified: _____
 Manner: In person By phone at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

- 9 The Indian child's tribe was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. It was also provided with form JV-217-INFO, Guide to Psychotropic Medication Forms; a blank copy of form JV-218, Child's Opinion About the Medicine; a blank copy of form JV-219, Statement About Medicine Prescribed; and a blank copy of JV-222, Input on Application for Psychotropic Medication; as follows:
- Indian Tribe (name): _____ Date notified: _____
 Manner: In person By phone at (specify): _____ By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information in a sealed envelope in the U.S. mail, with first-class postage prepaid, to the last known address (specify): _____

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

Date: _____

_____ Sign your name

Type or print name

Case Number: _____

Child's name: _____

6 The application is not opposed, but I want to tell the court the following:

7 I am the attorney for the child.
a. I need more time to investigate the application.
b. I need the following information to determine whether to agree with or oppose the application:

c. There is other information the judge should know:

8 Additional information about the child for the court to consider is included on an attached sheet or sheets of paper. (Write "Attachment 5" on top.)

Date:

Type or print name

Sign your name

Clerk stamps date here when form is filed.

**DRAFT
Not approved by
the Judicial Council**

The Court read and considered:

a. Form JV-220, *Application for Psychotropic Medication*, and form JV-220 (A), *Physician’s Statement—Attachment*, or JV-220(B), *Physician’s Request to Continue Medication—Attachment* filed on (date): _____

b. Form JV-218, *Child’s Opinion About the Medicine*, filed on (date): _____

c. Form JV-219, *Statement About Medicine Prescribed*, filed on (date): _____

d. **Form JV-219, *Statement About Medicine Prescribed*, filed on (date): _____**

e. Form JV-222, *Input on Application for Psychotropic Medication*, filed on (date): _____

f. **Form JV-222, *Input on Application for Psychotropic Medication*, filed on (date): _____**

g. CASA report

h. Other (specify): _____

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:

Court fills in case number when form is filed.

Case Number:

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 was made for authorization to begin or to continue giving the child the psychotropic medication listed in 19 on page 5 of form JV-220(A) or 16 on page 4 of form JV-220(B).

Copies of pages 5 and 6 of form JV-220(A) or pages 3 and 4 of form JV-220(B) are attached to this order.

The application is (check one):

- a. Granted as requested.
- b. Granted with the following modifications or conditions to the request as made in 19 on page 5 of form JV-220(A) or 16 on page 4 of form JV-220(B) (specify all modifications and conditions): _____

c. Denied (specify reason for denial): _____

If the application was for medication the child is currently taking, the social worker or probation officer must consult with the prescribing physician to determine whether the physician is ordering that the medication should be stopped immediately or gradually reduced over time.



Case Number: _____

Child's name: _____

4 The applicant must resubmit the application **no later than (date):** _____ with the missing information, which is: _____
The matter is set for hearing on (date): _____ at (time): _____
in (dept.): _____

5 The
a. social worker
b. probation officer
c. person who submitted application
is ordered to give a copy of this order, including pages 5 and 6 of form JV-220(A) **or pages 3 and 4 of form JV-220(B)** and the medication monograph attached to the form JV-220(A) to the child's caregiver either in person or by mail within two court days.

6 Other (specify): _____

7 The order is set for a progress review on (date): _____ at (time): _____
in (dept.): _____

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 and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: _____

 _____
Signature of judge or judicial officer