## JV-220

## **Application for Psychotropic Medication**

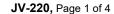
A completed and signed Physician's Statement—Attachment (fo Att for Ps for

Attac form Psych	a JV-220(A)), or Physician's Requalithment (form JV-220(B)) with all is before it is filed with the court. Restoropic Medication Forms, for mass and the application process.	ts attachments must ead form JV-217-IN	be attached to this FO, <i>Guide to</i>	
<b>1</b>	Information about where the child	d lives:		
	a. The child lives  with	h a relative 🔲 ii	n a foster home	
	with a nonrelative extended	d family member		Fill in court name and street address:
	in a group home, level	at a juveni	le custodial facility	Superior Court of California, County of
	in a short-term residential t	herapeutic program		
	other (specify):			
			_	
	b. If applicable, the name of the f	acility where the chi	ild lives:	
				Fill in child's name and date of birth:
	c. Contact information for a responsible adult where the child lives:			Child's Name:
	(1) Name:			Date of Birth:
	(2) Phone:			Court fills in case number when form is filed.
	d. The child has lived at the placement in (a) since (insert date):			Case Number:
(2)	Information about the child's cur  a.   The child remains at the lo  b.   The child is currently stay  (1)   a psychiatric hospital  (2)   a juvenile hall (name)  (3)   other (specify):	ocation identified in ing in: (name):	1).	
3	Child's  social worker  a. Name: b. Address: c. Phone:	☐ probation off  E-mail:	icer	Fax:
4	Number of pages attached:			
$\odot$	Date:			
	Date.			
	Type or print name of person completing this form		<ul> <li>Signature</li> <li>Child welfare services staff (sign above, complete items 1)-(13), and sign on page 4)</li> <li>Probation department staff (sign above, complete items 1)-(13), and sign on page 4)</li> <li>Medical office staff (sign above)</li> <li>Caregiver (sign above)</li> </ul>	

☐ Prescribing physician (sign on page 6 of JV-220(A)

or page 4 of JV-220(B))

Clerk stamps date here when form is filed.



Child's name:	Case Number:					
	u must fill out items 5–13 of this form. If you do not know the the child's social worker or probation officer, you do not need					
	g to take medication. If this is a request to renew or modify the benefits and side effects of having taken the medication.					
6 The child will provide input on the medication being	The child will provide input on the medication being prescribed (check all that apply):					
<ul> <li>a.</li></ul>	<ul> <li>b.</li></ul>					
	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.					
The caregiver will provide input on the medication be  a.   Through the social worker/probation officer.  b.   By filling out form JV-219.  c.   By writing a letter to the judge.  d.   By talking to the judge at a hearing.  e.   Other (specify):						
a. Is the information provided by the physician on for question 8 accurate, to the best of your knowledge    Yes  No  I do not know	orm JV-220(A) at questions 10 and 11 or on form JV-220(B) at					

during the next six months (check all that apply; include frequency for therapy on blank line):  a.	'hild's	s name:					
these were stopped, if the reasons are known to you.  Medication name (generic or brand)   Reason for stopping      Reason for stopping	<b>9</b> c.						
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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):	d	these were stopped, if the reasons are known to you.					
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c.	/	uring the next six months (check all that apply; include frequency for therapy on blank line):					
d.	c.	Miliou thereny (avalais)					
e.							
f.		<u> </u>					
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	l.	Uther modality (explain):					
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Case Number:

Chil	Child's name:		
12	What comments, if any, do you have regarding the application? What else do you want the judge to know?		
13)	☐ Check here if you need more space for any of the items. Write the item number and additional information here. If you need more space, attach a sheet or sheets of paper.		
Date:			
Туре	or print name of person completing this form  Signature		
	☐ Child welfare services staff (sign above) ☐ Probation department staff (sign above)		

Case Number: