Application Regarding Clerk stamps date here when form is filed. **Psychotropic Medication** Attach a completed and signed JV-220(A), Prescribing Physician's Statement—Attachment, with all its attachments, 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. Information about where the child lives: a. The child lives \square with a relative in a foster home Fill in court name and street address: with a nonrelative extended family member Superior Court of California, County of \Box in a regular group home \Box in a level 12–14 group home \square at a juvenile camp \square at a juvenile ranch other (specify): b. If applicable, name of facility where child lives: Fill in child's name and date of birth: Child's Name: c. Contact information for responsible adult where child lives: Date of Birth: (1) Name: _____ (2) Phone: _____ Clerk fills in case number when form is filed. Case Number: Information about the child's current location: a. \square The child remains at the location identified in (1). b. \square The child is currently staying in: (1) a psychiatric hospital (name): (2) a juvenile hall (name): Child's social worker probation officer a. Name: b. Address: _____ c. Phone: _____ Fax: Number of pages attached: Date: _____ 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-220(A))