

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 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*.

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): _____

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): _____

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 with 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:

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:

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* or information on how to obtain a copy of the form; a blank copy of form JV-218, *Child's Opinion About the Medicine* or information on how to obtain a copy of the form; and a blank copy of form JV-222, *Input on Application for Psychotropic Medication* or information on how to obtain a copy of the form, 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 with 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 b. 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

- 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 with 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* or information on how to obtain a copy of the forms, 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