

Clerk stamps date here when form is filed.

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

- 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:

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): _____

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