

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

Required Forms

① Form JV-220, Application for Psychotropic Medication

This form, the *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, as well as 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. 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 2 days at the 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 only be used by the same doctor who filled out the most recent JV-220(A) form 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 Calif. 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 only be used 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 a copy of the court order approving or denying the *Application* to the child's caregiver.

The copy of the order must be provided (in person or mailed) 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) and all of the medication information sheets (medication monographs) that were attached to form JV-220(A).

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), and all of the medication information sheets (medication monographs) that were attached to form JV-220(A).

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 they trust 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 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 caregiver, CASA, or tribe to provide information to the court. The caregiver, CASA, or tribe can also provide input on the medication by letter; 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, the attorney of record for a parent or guardian, the child, the child's attorney, the child's CAPTA guardian ad litem, or the 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.

Case Number: _____

Child's name: _____

- 10 Do you agree to take the medicine? Yes No Not sure
 Explain your answer here, if you want to: _____

Questions about you

- 11 List any other treatment or therapy you are 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*): _____

- 12 What do you like to do for fun?

- 13 What activities would you like to be involved in now?

- 14 Say anything else about yourself or the medicine that you want the judge to know.

For a 17-Year Old Youth ONLY
 If you are *under 17*, skip to the next question.

- 15 When you turn 18,
 a. Will you be able to keep the doctor you have now? Yes No Not sure
 b. Will you know how to get this medicine if you want to keep taking it? Yes No Not sure



Case Number: _____

Child's name: _____

For a child taking this medicine now

If you are NOT taking this medicine **now**, skip to the next question.

16 Do you have any side effects from the medicine? Yes No
 If **Yes**, check below:

Weight gain Weight loss Headache Constipation
 Problems sleeping Feeling very sleepy Nausea Feel dizzy
 Other (*list any other side effects here*): _____

17 I you have side effects, did you tell your doctor? Yes No
 If **Yes**, your doctor's name: _____

18 Did someone help you with this form? Yes No
 If **Yes**, who? my social worker my probation officer my caregiver my lawyer my CASA
 Other (*explain*): _____

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

Date:

Type or print child's name

▶ _____
Child signs here

Type or print name of other person who helped child fill out form

▶ _____
Helper signs here

Statement About Medicine Prescribed

Clerk stamps date here when form is filed.

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.

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

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

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)

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: _____

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: _____

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, 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

Caregiver signs here

**Application For
Psychotropic Medication**

A completed and signed Form JV-220(A), *Prescribing Physician's Statement—Attachment, or Prescribing Physician's Statement, Request to Continue—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, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

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:

1 Information about where the child lives:

- a. The child lives with a relative in a foster home with a nonrelative extended family member group home, level _____ at a juvenile custodial facility short term residential treatment center other (*specify*): _____

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

c. Contact information for responsible adult where child lives:

(1) Name:

(2) Phone:

d. 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:

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)*)

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."

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 their attorney
- c. through their CASA
- d. by filling out 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:

Case Number: _____

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, in which the child is enrolled in or is recommended to participate during the next six months (*check all that apply; include frequency*):

- 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.*)

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(g). 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 child 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 Describe the child's response to any current psychotropic medication. I don't know.

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.

Case Number:

Child's name: _____

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

- 13 What symptoms are expected to improve with the medication being prescribed?



Child's name: _____

- 14 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*; inclusion of alpha numeric codes is optional.

- 15 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.

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

- 17 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*): _____



Child's name: _____

- 18 a. The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:

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

- 19 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*):

- 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*): _____

- 20 **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.

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



Case Number:

Child's name: _____

22 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>	<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.*

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

24 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

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 Only fill out this form if both boxes below are checked. If you can not 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 as the most recent 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 child 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.



Case Number:

Child's name: _____

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

8 a. Have other 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 Describe the symptoms not alleviated or ameliorated by other current or past treatment efforts.

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

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. The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:

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

- b. The child's present caregiver was not informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:

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



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 group therapy and individual therapy*):

- 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. Mark each psychotropic medication as Continuing (C).

<i>Medication name (generic/brand) 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>	<i>Administration schedule</i>
Med: Class: Targets:				<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:				
Med: Class: Targets:				
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. why prescribing more than one medication in a class, why prescribing outside the approved range, or why prescribing medication not approved for a child of this age):

Date: _____

Type or print name of prescribing physician

▶

Signature of prescribing physician

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, *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*.

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 United States 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 United States 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 United States mail, with first-class postage prepaid, to the last known address (*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:

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* and a blank copy of Form JV-219, *Statement About Medicine Prescribed*, or information on how to obtain a copy of the form 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 United States 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 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 Medication*; 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 United States 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 United States 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 a copy of Form JV-217-INFO, *Guide to Psychotropic Medication Forms*, and a blank copy of Form JV-222, *Input on Application for Psychotropic Medication*, or with information on how to obtain a copy of each form 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 JV-217-INFO and JV-222 in a sealed envelope in the United States 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 and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States 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 and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States 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: _____

Type or print name

▶ _____
Sign your name Signature follows on page 3.

- 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 an application is pending before the court 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 United States 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. 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 JV-222, Input on Application for Psychotropic Medication.
 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 United States 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: _____

Type or print name

▶ _____
Sign your name

Case Number: _____

Child's name: _____

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

4 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:

5 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

Signature

Clerk stamps date here when form is filed.

The Court read and considered:

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

- b. JV-222, *Input on Application for Psychotropic Medication*, filed on (date): _____
- c. JV-218, *Child's Opinion About the Medicine*, filed on (date): _____
- d. JV-219, *Statement About Medicine Prescribed*, filed on (date): _____
- e. CASA report
- f. 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 ② on page 6 of JV-220(A).

A copy of pages 5 and 6 of JV-220(A) is attached to this order.

The application is (check one):

- a. granted as requested.
- b. granted with the following modification or conditions to the request as made in ② on the attached page 6 of JV-220(A) (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 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 page 5 and 6 of the JV-220(A) and the medication monograph attached to the JV-220(A) to the child's caregiver either in person or by mail within two 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

County Report on Psychotropic Medication

Clerk stamps date here when form is filed.

The social worker or probation officer must file this form for any hearing for which the court is providing oversight of psychotropic medications. This includes all scheduled progress reviews on orders authorizing psychotropic medication and every status review hearing. If you are filing this form for a status review hearing, file it with the status review hearing report. If you need more space for any of the items, write the item number and additional information on page 4 of this form. If you need more space than page 4, attach a sheet or sheets of paper. If you do not know the answer to a question, write "I do not know."

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:

1 Your name: _____

2 Your relationship to the child:
 Social worker Probation officer
 Public health nurse
 Other county staff (specify): _____

3 a. Caregiver's relationship to child: _____
b. Date of last communication with caregiver: _____

4 Child Information
a. Child's height: _____ b. Child's weight: _____
c. Prescribing physician's name: _____
d. Date last seen by prescribing physician: _____
e. Next appointment date: _____
f. Therapist's name: _____
g. Date last seen by therapist: _____

5 List current court-approved psychotropic medications. (Verify that this is what child is taking.)

Name of Medication	Dosage

Name of Medication	Dosage

6 The child is taking the medication in 5. This was verified by child caregiver other (specify): _____

7 The child is not taking the following medication in 5 (specify): _____
This was verified by child caregiver other (specify): _____



Case Number:

Child's name: _____

8 Describe the caregiver's observations regarding how the child's behaviors and/or symptoms have changed since the medication was begun.

9 Describe the caregiver's observations regarding the side effects of the medication.

10 Describe any concerns the caregiver has regarding the medication.

11 Describe what the child says about whether his or her behaviors and/or symptoms have changed since the medication was begun.

12 Describe what the child says about the side effects of the medication.

Case Number: _____

Child's name: _____

13 Describe any concerns or complaints the child has regarding the medication.

14 List the dates of all medication management appointments since the last court hearing.

15 List the dates and reasons of other follow-up medical appointments since the last court hearing.

16 Describe other mental health treatments that are part of the child's overall treatment plan (for example, frequency and type of counseling, wraparound, etc.) or attach mental health treatment plan from treating clinician.

17 Provide any other information you think the judge should know.
