

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:



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*

