JV-218 Child's Opinion About the Medicine	Clark stamps d	late here when	form is filed.
You may use this form to tell the judge what you think about the medicine that a doctor wants you to take.			
You do not have to use this form if you do not want to. There are other ways to tell the judge how you feel. You can:			
<ul> <li>Talk to the judge at a hearing or write the judge a letter, or</li> </ul>	1		
<ul> <li>Ask your lawyer, social worker, probation officer, or CASA to tell the</li> </ul>	Fill in court name	e end street a	ordress:
judge how you feel.			mia, County of
You may ask someone you trust to help you read and fill out this form. And you may add as many pages as you need. If you add extra pages, please put your name and the number of the question you are answering on each extra page.			
(1) Your name:	Fill in child's ner	ne end date o	f birth:
(first) (middie) (last)	Child's Name		
(2) Your date of birth:	Date of Birth:		
(month) (day) (year)	Court fills in case Case Number		n form is filled.
Answer these questions about this medicine:			
(3) Do you know that a doctor wants you to take a medicine?	☐ Yes	□ No	☐ Not sure
4 Do you know the name and dose of the medicine the doctor wants you to		□ No	☐ Not sure
(5) Have you taken this medicine before?	☐ Yes		
	1971 200	□ No	☐ Not sure
Do you want more information before you decide if you want to take it?  If yes, what do you want to know?	☐ Yes	☐ No	
		\$	
(7) Did anyone tell you how the medicine is supposed to help you?	☐ Yes	□ No	☐ Not sure
<u> </u>			
(8) Did anyone explain the possible side effects?  If yes, what did they say?	☐ Yes	□ No	☐ Not sure
(9) What is your opinion about taking the medicine?			
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Child's name:			3V-218, Page 1 of
Child's name:			3V-218, Page 1 of
Child's name:  For a child taking this medicine now, skip to the next question.  (18) Do you have any side effects from the medicine?		□ No	3V-218, Page 1 of
Child's name:  For a child taking this medicine now, skip to the next question.  16 Do you have any side effects from the medicine?  If You check below.	Case Number:	□ No	
Child's name:  For a child taking this medicine now, skip to the next question.  16 Do you have any side effects from the medicine?  If Yes, check below:	Gase Number:		
Child's name:  For a child taking this medicine gow  If you are NOT toking this medicine now, skip to the next question.  (16) Do you have any side effects from the medicine?  If Yes, check below:	Gase Number:	□ No	
Child's name:  For a child taking this medicine gow flow are NOT taking this medicine now, skip to the next question.  (6) Do you have any side effects from the medicine?  If Yes, check below:    Weight gain	Gase Number:	□ No	
Child's name:  For a child taking this medicine gow  If you are NOT taking this medicine now, skip to the next question.  (6) Do you have any side effects from the medicine?  If Yes, check below:    Weight gain	Gase Number:	□ No	
Child's name:  For a child taking this medicine now the next question.  (b) Do you have any side effects from the medicine?  If Yes, check below:    Weight gain   Weight loss   Headacht     Problems sleeping   Feeling very sleepy   Nansea     Other (list any other side effects here):	Case Number:	☐ No ☐ Constip ☐ Feel diz	
Child's name:  For a child taking this medicine gow  If you are MCL toking this medicine now, skip to the next question.  16 De you have any side effects from the medicine?  If Yes, check below:    Weight gain	Gase Number:	□ No	
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Child's name:  For a child taking this modicine now, skip to the next question.  (B) Do you have any side effects from the medicine?  If Yes, check below:  Weight gain Problems sleeping Peeling very sleepy Nansea  Other (list any other side effects here):  (B) Did someone help you with this form?  If Yes, who? I my social worker my probation officer my en the company of the company.  Check here if you are going to add extra pages to this form. And say how materials.	Case Number:  ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ Constip ☐ Feel di: ☐ No ☐ No	us
Child's name:  For a child taking this medicine now.  If you are NOT toking this medicine now, skip to the next question.  (6) Do you have any side effects from the medicine?  If Yes, check below.    Weight gain   Weight loss   Headach.    Problems sleeping   Feeling very sleepy   Nansea.    Other (list any other side effects here):    Weight gain   Weight loss   Headach.    If Yes, your doctor's name:    Other (sist any other side effects here):    If Yes, who?   my social worker   my probation officer   my en.    Other (explain):    Check here if you are going to add extra pages to this form. And say how ma	Case Number:  ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ Constip ☐ Feel di: ☐ No ☐ No	bation wy

Child's Opinion About the Medicine

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New July 1, 2016

hild's name:	Cose Number:		
fuld's fiame:	L		
Do you agree to take the medicine?	☐ Yes	□ No	☐ Not so
Explain your answer here, if you want to:			-
C. List any other treatment or thorons are deline as an			
List any other treatment or therapy you are doing now:   None   Individual talk therapy	☐ Famil		
Group talk therapy Counseling at school	☐ Artoa		arxr
Cognitive Behavioral Therapy (CBT or practicing behaviors)	- Actor	pay (non	иру
Other (list any other treatment here):			
What do you like to do for fun?	**	•~	
·			
	2.075000		
W474-7-			
3) What activities would you like to be involved in now?			
20			
			**
			-
			-101 223
Say anything else about yourself or the medicine that you want the judge to	know.		
	·	10080	***
- I I I I I I I I I I I I I I I I I I I			
r a 17-Year Old Youth ONLY on are under 17, skip to the next question.			
When you turn 18.			
a. Will you be able to keep the doctor you have now?	☐ Yes	☐ No	☐ Not sur
b. Will you know how to get this medicine if you want to keep taking it?	☐ Yes	☐ No	☐ Not sun
		201	
68y 1.2016 Child's Opinion About the Medicin			JV-215, Page 2