

Clerk stamps date 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:

- Talk to the judge at a hearing or write the judge a letter, or
- Ask your lawyer, social worker, probation officer, or CASA to tell the judge how you feel.

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.

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: Male Foster Child****Date of Birth: 01/01/2000**

Court fills in case number when form is filed.

**Case Number:****MJP010101010101**

① Your name: Male Foster Child  
(first) (middle) (last)

② Your date of birth: 01-01-2000  
(month) (day) (year)

**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 take?  Yes  No  Not sure

⑤ Have you taken this medicine before?  Yes  No  Not sure

⑥ Do you want more information before you decide if you want to take it?  Yes  No  
 If yes, what do you want to know? Already taking it

⑦ Did anyone tell you how the medicine is supposed to help you?  Yes  No  Not sure

⑧ Did anyone explain the possible side effects?  Yes  No  Not sure  
 If yes, what did they say? \_\_\_\_\_

⑨ What is your opinion about taking the medicine?  
 It helps me for now  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Child's name: Male Foster Child

Case Number:  
MJP010101010101

- 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?  
Sports like football and soccer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- 14 Say anything else about yourself or the medicine that you want the judge to know.  
Dr. told me at our last visit that if I continue to do well with no other issues, that at my next visit, he will begin decreasing my dosage gradually every 4-6 weeks if I'm doing well. He wanted to wait a few months because I just moved to a new placement.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

Child's name: Male Foster Child

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MJP0101010101

**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: N/A

**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:

Male Foster Child  
*Type or print child's name*

▶ \_\_\_\_\_  
*Child signs here*

CASA worker Jones  
*Type or print name of other person who helped child fill out form*

▶ \_\_\_\_\_  
*Helper signs here*