

**JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS**

455 Golden Gate Avenue
San Francisco, California 94102-3688

Report Summary

TO: Members of the Judicial Council

FROM: Family and Juvenile Law Advisory Committee
Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs
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DATE: September 11, 2007

SUBJECT: Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A; and adopt forms JV-219-INFO, JV-220(A), JV-221, JV-222, and JV-223) (Action Required)

Issue Statement

The current version of form JV-220 is submitted to the juvenile court to obtain authorization for administering psychotropic medication to a dependent child or a delinquent child in an out-of-home placement. The form consists of multiple sections, and different sections must be signed by different individuals. The use of a single form creates problems in many jurisdictions because it does not accommodate local procedures. The proposed new and revised forms accommodate a variety of completion and filing practices. The proposed amendments to rule 5.640 reflect the new form numbers, completion procedures, and changes to notice requirements.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2008, amend rule 5.640, revise form JV-220, revoke form JV-220A, and adopt forms JV-219-INFO, JV-220(A), JV-221, JV-222, and JV-223 to improve the statewide procedure used to seek authorization for administering psychotropic medication to children in out-of-home placements.

The text of the proposed rule is attached at pages 18–23 and the text of the forms at pages 24–33.

Rationale for Recommendation

In 2004, the Family and Juvenile Law Advisory Committee convened a working group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians seeking input on possible revisions to form JV-220 to improve the quality of the information obtained from the form. Based on recommendations of the Family and Juvenile Law Advisory Committee, the current form was adopted by the Judicial Council effective January 1, 2005.

As the courts, counties, and individuals began to use the current JV-220, possible modifications to further improve the practical day-to-day use of the form were brought to the attention of staff at the Administrative Office of the Courts' Center for Families, Children & the Courts. A second working group composed of many members who had served on the original 2004 working group as well as new members, including former foster youth, was formed to address possible revisions to the form. The group suggested numerous modifications to the form, and the advisory committee's recommendations are based in large part on the group's input.

The revised application process is explained in form JV-219-INFO, *Information About Psychotropic Medication Forms*, which provides basic information about each of the psychotropic medication forms. Form JV-220, *Application Regarding Psychotropic Medication*, asks for the child's location and other relevant information and would typically be completed by the child's social worker or probation officer. The prescribing physician is responsible for completing new form JV-220(A), *Prescribing Physician's Statement—Attachment*. The requested medication changes are consolidated on the last page of the form, so that if the request is granted, only that page needs to be reproduced and attached to the order. Requests for optional information are included for courts where the consulting physician seeks more detailed information. Form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*, addresses notice requirements. Form JV-222, *Opposition to Application Regarding Psychotropic Medication*, is a new plain language version of the current JV-220A. Form JV-223, *Order Regarding Application for Psychotropic Medication*, is the court order. The use of a separate order form reduces the amount of confidential or sensitive information about the child that is distributed.

The plain language format is used in all the proposed forms.

The amendments to rule 5.640 recommended by the committee include: eliminating the requirement that the application include the responses of parents or legal guardians and their attorneys, clarifying the information to be given to the noticed parties, requiring the clerk to give notice of the hearing date when the matter is contested, defining an emergency situation for the purposes of

administering a psychotropic medication, and clarifying that courts can adopt local filing procedures as long as they are consistent with the mandates of the rule and forms.

Alternative Actions Considered

The proposed changes are needed to allow the forms to be used in a practical and effective manner throughout the state, thereby enhancing the court's ability to timely respond to a critical request made on behalf of a dependent child or a delinquent child. The committee considered not amending the forms, but, given the critical nature of the subject and the feedback from many courts, the committee decided that modifying the forms and rule was necessary.

Comments from Interested Parties

The invitation to comment on the proposal was circulated from April 25, 2007, through June 20, 2007, to the standard mailing list for family and juvenile law proposals, the regular rules and forms mailing list, the California Psychiatric Society, and the California Psychological Association.

The comments are summarized in the attached chart at pages 34–63. There were a total of 49 commentators. Six of the 49 agreed with the proposal as presented. Thirty-two commentators agreed with the proposal if modifications were made. Eleven commentators did not agree with the proposal. A sample of the notable comments follows:

General comments

Discontinuing medication. Twenty-nine of the 49 commentators took issue with the proposed modification to the rule and forms requiring prior court authorization to discontinue psychotropic medication. The committee deleted this requirement because of the potential risk of harm to the child that is presented by continuing psychotropic medication beyond the time the physician has determined that it is appropriate.

Information required. While two commentators preferred narrative answers, six commentators suggested the use of checkboxes for providing responses. The committee concluded that the additional information provided by narrative responses is valuable to the court and consultants.

Notice. Seven commentators raised notice issues. While several commentators questioned the need to provide notice to the child's caregiver or the Court Appointed Special Advocate (CASA), other commentators felt that the rule should require notice to the de facto parent or the child's Child Abuse Prevention and Treatment Act (CAPTA) guardian ad litem. The committee has corrected this oversight and included the CAPTA guardian ad litem in the notice requirement.

Miscellaneous. Several commentators gave general support for the proposal. Some commentators expressed appreciation for the change to separate forms, the increased flexibility that the proposed rule and forms gives in accommodating local rules and practices, and the attention given to protecting the child's privacy.

One commentator suggested extending the effective period of an order authorizing the administration of psychotropic medication to one year while another commentator suggested limiting it to 90 days. The committee concluded that requiring reviews once every six months affords adequate safeguards for the child; the court can require more frequent reviews as needed.

Specific comments: Forms

JV-219-INFO, Information About Psychotropic Medication Forms. One commentator stated that the parent needed more instruction on how to file the form. The committee modified the section about form JV-222 to clarify that the form is to be filed with the clerk of the juvenile court.

JV-220, Application Regarding Psychotropic Medication. Several commentators raised issues that the working group had discussed at length and resolved. Those comments included adding a checklist of the forms that had to be completed, restricting the persons permitted to complete JV-220 to the child welfare or probation staff, and merging the information on where the child is currently located with where the child usually resides.

JV-220(A), Prescribing Physician's Statement—Attachment. A number of commentators raised questions that had been thoroughly vetted during the working group meetings, and, therefore, no revisions were made. These suggestions included omitting the request for height, weight, gender, and ethnicity information from the form; moving the item regarding the child's gender to JV-220; eliminating item 5b, which allows the request for psychotropic medication to be based on a face-to-face clinical evaluation by someone other than the prescribing physician; requiring the prescribing physician to state how frequently the child would be seen by the physician; and the use of checkboxes to describe the child's diagnosis.

Several commentators made suggestions that resulted in form revisions. These recommendations included revising the form to require that the child be advised about the medication in an age-appropriate manner; inserting an item to allow the physician to make additional comments about the medication plan; clarifying the treatment duration; rewording the item requesting information on past psychotropic medication information; and rewriting the item regarding information on potential side effects to emphasize that the information must be attached.

Form JV-223, Order Regarding Application for Psychotropic Medication.

One commentator requested that the format of the court order return to the formal Judicial Council form format so it would be distinguishable as a court order. The committee considered this option but decided that the plain language format helps make the courts more accessible to the public. Form JV-223 is clearly labeled as an order.

Specific Comments: Rule 5.640

The recommendations of several commentators resulted in revisions to the rule. Based upon comments, the committee included in the rule the statutory mandate of Welfare and Institutions Code section 369.5(c), which requires the court to approve or deny the application or set the matter for hearing within seven court days of the completed application's receipt. The committee also included the probation officer in the list of people who can file the application and the rule's requirement that the application include the medication "dosage range" was changed to "maximum daily dosage."

The recommendations not adopted by the committee include the following: deleting the requirement that the prescribing physician personally complete JV-220(A) and modifying (c)(5) to permit other professionals to complete the form, leaving the word "anticipated" in the phrase "length of time this course of treatment will continue," modifying the rule to require use of the most expeditious manner of notice as possible, providing guidelines on how to calculate the period for filing an opposition, changing the deadline for filing the opposition from two to four days, and narrowing the definition of an "emergency."

Implementation Requirements and Costs

Implementation of the revised forms will incur standard reproduction costs.

The text of the proposed rule is attached at pages 18–23 and the text of the proposed forms at pages 24–33.

The text of Welfare and Institutions Code section 369.5 is attached at page 64.

The current version of rule 5.640 of the California Rules of Court is attached at pages 65–67. For reference, the current forms JV-220 and JV-220A are attached at pages 68–74.

Attachments

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Issue Statement

The current version of form JV-220 is submitted to the juvenile court to obtain authorization for administering psychotropic medication to a dependent child or a delinquent child in an out-of-home placement. The form consists of multiple sections, and several sections must be signed by the individuals providing the information. The use of a single form creates difficulties in many jurisdictions because it does not accommodate local procedures, leading to delays. The proposed new and revised forms accommodate the variety of completion and filing practices used throughout the state. The proposed amendments to rule 5.640 reflect the new form numbers, procedures for completing the forms, and changes to notice requirements.

Rationale for Recommendation

In 2004, the Family and Juvenile Law Advisory Committee convened a working group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians seeking input on possible revisions to form JV-220 to improve the quality of the information obtained from the form. Based on recommendations of the Family and Juvenile Law Advisory Committee, the current form was adopted by the Judicial Council effective January 1, 2005.

As the courts, counties, and individuals began to use the current JV-220, possible modifications to further improve the practical day-to-day use of the form were

brought to the attention of staff at the Administrative Office of the Courts' Center for Families, Children & the Courts. A second working group composed of many members who had served on the original 2004 working group as well as new members, including former foster youth, was formed to address possible revisions to the form. The group suggested numerous modifications to the form; the advisory committee's recommendations for rule amendments, form revisions, and new forms are based in large part on the group's input.

The new set of forms includes the following:

Form JV-219-INFO, *Information About Psychotropic Medication Forms*, provides basic information about each of the psychotropic medication forms.

Form JV-220, *Application Regarding Psychotropic Medication*, now on one page, asks for the child's location and other relevant contact information and typically would be completed by the child's social worker.

The prescribing physician would be responsible for completing new form JV-220(A), *Prescribing Physician's Statement—Attachment*, which contains specific information on the medication request and the reasons for the request. The requested medication changes are consolidated on the last page of the form, so if the request is granted, only that page needs to be reproduced and attached to the order. The form also contains some optional items requesting the kind of detailed information that is needed in counties using a consulting physician.

Form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*, addresses notice. This two-page form is structured to accommodate both the traditional notice procedure, wherein one person provides notice to all parties, and the nontraditional model, wherein one person provides notice to the parents or legal guardians while a person from a different organization provides notice to the attorneys.

Form JV-222, *Opposition to Application Regarding Psychotropic Medication*, would be completed and filed by someone opposing the medication request. It is a renumbered, plain language version of the current JV-220A.

Form JV-223, *Order Regarding Application for Psychotropic Medication*, is the court order. To be complete, the order must include the last page of the physician's attachment, which contains the relevant medication information. The use of a separate order form would reduce the amount of confidential or sensitive information that is distributed about the child. This would help eliminate concerns about disclosure of private information if the order is required to be shown to caregivers, pharmacists, or other individuals entitled to determine whether the court has authorized the administration of psychotropic medication to the child.

Consulting physician information is not requested in the set of proposed forms. Courts that use consultants may create their own form for the information and file it with the application.

The plain language format is used in all the proposed forms as the forms are frequently completed by individuals other than legal professionals.

Rule 5.640 has been amended as follows:

- Form numbers and procedures referenced by the rule have been updated for consistency with the new forms.
- The requirement to include on the application the responses of the parents or legal guardians and their attorneys to the request has been eliminated to avoid potential delays.
- The information to be provided to the noticed parties has been clarified. Information requirements are structured to afford due process to the parties while protecting the confidentiality of the child.
- If the matter is set for a contested hearing, the court clerk, rather than the opposing party, is responsible for giving notice of the hearing date.
- The definition of an “emergency” for the purposes of administration of a psychotropic medication is included in the rule.
- The courts are given flexibility in establishing local filing procedures consistent with the mandates of the rule and forms.

Alternative Actions Considered

The proposed changes would allow the forms to be used in a practical and effective manner throughout the state, thereby enhancing the court’s ability to timely respond to a critical request made on behalf of a dependent child or a delinquent child. The committee considered not amending the forms but, given the critical nature of the subject and the feedback from many courts that they were not able to use the forms in the context of their current procedures, decided that it was necessary.

Comments from Interested Parties

The invitation to comment on the proposal was circulated from April 25, 2007, through June 20, 2007, to the standard mailing list for family and juvenile law proposals. This distribution list includes judges, court administrators, physicians,

attorneys, social workers, probation officers, mediators, and other family and juvenile law professionals.

It was also distributed to the regular rules and forms mailing list as well as to the California Psychiatric Society and the California Psychological Association.

The comments and the committee's responses are summarized in the attached chart at pages 34–63. There were a total of 49 commentators. Six of the 49 agreed with the proposal as presented. Thirty-two commentators agreed with the proposal if modifications were made. Eleven commentators did not agree with the proposal.

Several of the commentators suggested technical changes related to spelling, punctuation, other typographical issues, and sentence structure; these have been made in a manner consistent with AOC style guidelines.

Comments applicable to the rule and forms in general as well as comments applicable to the specific forms and portions of the rule are addressed below.

General Comments

Discontinuing medication. The proposed modification to the rule and forms, requiring prior court authorization to discontinue a psychotropic medication generated significant comment. Twenty-nine of the 49 commentators took issue with this modification. Two of the 29 commentators suggested changes to the provisions related to discontinuation of medication in an emergency. The remaining 27 commentators described the requirement as an intrusion into the practice of medicine that would place physicians in an unethical position by requiring the continued administration of a psychotropic medication despite the physician's determination that it was no longer medically appropriate. Several commentators stated that the requirement would not achieve the stated goal of ensuring that children are not discharged from the juvenile court system without proper arrangements for the administration of psychotropic medication. Several of these commentators also expressed concerns related to the increased administrative burden that would further limit the already small number of child psychiatrists willing to serve foster children.

The committee reviewed the issues raised by these commentators and removed the requirement because of the potential risk of harm to the child presented by continued administration of psychotropic medication beyond the time the physician has determined it is appropriate.

Information required. Six commentators expressed concerns related to the amount of information required, with several suggesting the use of additional checkboxes for providing responses rather than the use of narrative. The committee is aware of the commentators' concerns; however, the additional information gathered will

improve judicial decision making as well as allow consultants to reach a more informed opinion. Further, during working group discussions, medical professionals did state that being able to provide an explanatory sentence or two, rather than being limited in their responses, was helpful. Two commentators agreed with the need for more narrative, and one of those stated that, although the proposed modification of the rule and forms was a step in the right direction, an even higher level of communication between the court, social worker, and physician is needed and, for that reason, did not agree with the proposal. One commentator suggested the insertion of an item to allow the physician to make additional comments about the medication plan, which would be especially helpful in complex situations. The committee agreed, and item 14 was added to JV-220(A).

Notice. Seven commentators raised issues related to the modifications of the notice provisions of the proposed rule and forms. Three of these commentators opposed giving notice of the filing of the application and setting of a hearing to the child's caregiver and Court Appointed Special Advocate (CASA). Two of these commentators stated that noticing the caregiver was unnecessary because the caregiver would know about the medication from the physician.

One commentator pointed out that the rule does not provide for notice to the CASA although the requirement was included on proposed form JV-221 *Proof of Notice: Application Regarding Psychotropic Medication*, and requested that it be added to the rule. One commentator recommended adding the child's Child Abuse Prevention and Treatment Act guardian ad litem to the notification provisions. Both suggestions were incorporated.

One commentator suggested requiring notice to a de facto parent. The committee concluded that this was not necessary because a de facto parent who is the child's caregiver would receive notice as the child's caregiver; a de facto parent who is not the child's day-to-day care provider would not need to know about the child's psychotropic medication needs, nor would he or she have relevant information regarding the child's current day-to-day functioning to give the court.

One commentator suggested that the provisions related to notice to the parents would unduly reinforce the parents' ability to make unfounded or unreasonable objections.

The committee concluded that the rule's notice requirements are necessary to comply with due process and to ensure that the child's caregiver, CASA, and Child Abuse Prevention and Treatment Act guardian ad litem have an opportunity to give the court relevant information regarding the child's day-to-day functioning.

Miscellaneous. Two commentators agreed with replacing form JV-220 with separate forms based on the type of information requested.

One commentator agreed with the changes to the rule and the forms although he disliked the plain language format.

One commentator found the proposed set of forms an improvement over those currently in use.

One commentator expressed support for the flexibility built into the proposed rule and forms that will accommodate local rules and practices regarding the need for additional information, the provision of notice, and the filing of documents.

One commentator agreed that the rule protected the child's privacy. This commentator also believed that permitting the filing of the application before receiving a response from the parties will help prevent delays.

One commentator stated that the child should be involved in treatment decisions. The committee agreed and amended the rule to require that the child be informed of the recommended course of treatment, the basis for it, and the possible results and that the child's response be included on the application.

One commentator suggested extending the effective period of an order authorizing the administration of psychotropic medication from six months to one year because medication treatment plans are typically for more than six months. Another commentator suggested a 90 day review of an order to identify initial treatment problems. The committee concluded that requiring medication reviews once every six months affords adequate safeguards for the child but does not limit a court from conducting more frequent reviews if indicated in a specific case.

One commentator requested that the new form be imported into the CWS/CMS system, be fillable, and be e-mailed to providers. The Administrative Office of the Courts will continue to encourage, but cannot ensure, the form's inclusion in the CWS/CMS system, which is maintained by the California Department of Social Services. All Judicial Council forms are available, including in fillable format, at www.courtinfo.ca.gov.

One commentator suggested that each court hire its own psychiatrist to assist attorneys and judges with issues related to the administration of psychotropic medication rather than burdening already over-tasked child psychiatrists. The committee appreciates the efforts made by the psychiatric community on behalf of the children under the juvenile court's jurisdiction, but felt that while some jurisdictions do utilize a consulting psychiatrist, the court also needs the

prescribing physician to personally complete the form and be available to respond to questions regarding his or her recommendations.

One commentator suggested that the rule and forms address the need for discontinuation of medication to occur on a gradual basis. The committee believes that the manner of discontinuing medication is a medical decision, one best left to the prescribing physician's instructions. In addition, the order specifies that a change in placement does not require a new order, thus lessening the chance of an inappropriate, abrupt discontinuation of medication.

Three commentators requested the inclusion of information in the proposed rule and forms that is in the current rule, which the commentators erroneously concluded was deleted.

Specific Comments

JV-219-INFO, Information About Psychotropic Medication Forms. One commentator stated that the parent needs more instruction on how to file the form. The committee modified the section about form JV-222 to clarify that the form is to be filed with the clerk of the juvenile court. A local court can also develop instructions specific to local procedures.

JV-220, Application Regarding Psychotropic Medication. One commentator suggested adding a checklist of the forms that must be completed and attached to form JV-220 prior to filing it with the court. The working group and committee decided the inclusion of a checklist was unnecessary.

One commentator suggested restricting the persons permitted to complete form JV-220 to child welfare or probation staff. The committee concluded that the inclusion of the individuals listed on the form provides the local courts with flexibility.

One commentator noted that the child's name appeared twice on form JV-220. This oversight was corrected.

One commentator suggested merging item 1 on the form, which asks where the child lives, with item 2, which requests the child's current location. Working group members representing the judiciary felt that it was important to know both the current location of the child—for example, if he or she is now temporarily hospitalized or in the juvenile hall—and where the child usually lives. The committee agreed and declined to merge the items.

JV-220(A), Prescribing Physician's Statement—Attachment. Two commentators noted that the child's name did not appear on the form. Another commentator pointed out that it was unclear whose name was being requested for the caption at the top of the second and third pages of the form. These oversights have been corrected, and a space for the child's name is included on each page of the form.

One commentator suggested omitting the request for height, weight, gender, and ethnicity information from the form. Another commentator inquired about the reason for the inclusion of the ethnicity query. Many psychiatrists on the working group felt that the information is important for purposes of diagnosis and determining the appropriate medication and should be included on the form to assist the court and any physician the court consults. The committee agreed.

One commentator suggested moving the item regarding the child's gender to form JV-220. The committee concluded it should remain on form JV-220(A) with the child's other identifying information, including date of birth, current weight, current height, and ethnicity.

One commentator suggested eliminating item 5b, which allows the request for psychotropic medication to be based on a face-to-face clinical evaluation by someone other than the prescribing physician. Some jurisdictions use nurse practitioners or other professionals who work in conjunction with the prescribing physician. Because this is an accepted practice, the committee retained this item on the form.

One commentator preferred retaining the checkboxes used in item 6 of the current form to describe the child's diagnosis rather than the narrative format in item 8 of the proposed form. The working group and committee decided that the narrative format would provide a more specific diagnosis than the checkboxes would.

One commentator recommended that the prescribing physician state how frequently the child should be seen to monitor his or her response to the psychotropic medication. The committee concluded that this information was not relevant to the court's decision to order psychotropic medication.

One commentator suggested that the prescribing physician be required to include the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* Axis III diagnosis (physical conditions) as well as the Axis I (clinical syndromes) diagnosis and Axis II (developmental disorders and personality disorders) diagnosis in item 8 of the proposed form. The working group discussed the inclusion of the *DSM-IV* diagnoses and concluded that the Axis I and Axis II diagnoses would be the most useful to a judicial officer. In addition, the Axis III information is adequately addressed in item 10a of the proposed form.

Optional item 10b, *Relevant Laboratory Test Performed or Ordered*, generated three comments. Two commentators stated that the item would probably only be useful in those counties that had access to a consulting physician. One commentator stated that the item should be removed. Representatives from several counties who were working group members requested the item's inclusion in form JV-220(A). Including it on the form is an accommodation to those jurisdictions where the practice is used and it is anticipated that the other jurisdictions will begin to use the item in a continuing effort to obtain complete information. The committee has reviewed the issue and is in agreement with item's inclusion on the form.

Three commentators made suggestions regarding item 11, which requires the attachment of information on each recommended medication's significant side effects, warnings and contraindications, drug interactions, and withdrawal symptoms. The suggestions included the development of state-wide, standardized adverse reaction forms for the psychiatric medications generally prescribed for children, the development of plain language adverse reaction forms, the addition of a checkbox to the item to confirm that the adverse reaction information was attached, and providing space for the physician to add the adverse reaction information. The committee concluded that the development of material concerning adverse reactions to psychotropic medication should be the responsibility of the medical profession. The item was rewritten to emphasize that the information must be attached.

One commentator recommended inclusion of an age-appropriate advisement to the child. The committee agreed and revised rule 5.640 (c)(6)(G) and item 12 on the proposed form to include this requirement.

One commentator suggested allowing the physician to make additional comments about the child's medication. The committee agreed and added item 14 to the proposed form.

One commentator requested clarification regarding the use of the asterisk in the medication chart, item 15. The asterisk is placed in the "Treatment duration" column of the chart and clarifies that the maximum period of time that the child may be on the medication without further court approval is the time period provided or six months from the date of the order, whichever occurs first.

One commentator suggested adding an "alternative medication" option to the medication chart. The committee concluded that the level of specificity required for court authorization dictates that if the prescribing physician wishes to change a medication, a new request must be filed.

One commentator objected to the requirement that court authorization be obtained before discontinuing psychotropic medication and specifically recommended the deletion of the medication discontinuation chart. The requirement for prior court authorization to discontinue a medication was deleted; however, the committee determined that it was appropriate to modify the chart (item 16) to require a separate list of medications to be stopped if the request is granted because it provides the court with all medication changes the child will experience. Another commentator recommended modifying the chart by adding “treatment plan” as a reason for stopping a medication. The committee concluded that this was unnecessary because the form contains other items related to the child’s treatment plan, and, if appropriate, the physician may insert that reason on the chart.

One commentator requested clarification on the purpose of the chart regarding past psychotropic medications (item 17). A second commentator suggested a rewording of the item. A third commentator suggested adding an “unknown” box. The item was reworded to clarify that the court needs an overview of the psychotropic medications the child has previously taken and the prescribing physician’s reasons for discontinuing those medications.

Form JV-223, Order Regarding Application for Psychotropic Medication. One commentator preferred the use of the more formal court order format, but the committee decided that the plain language format is easier to understand and notes that form JV-223 is clearly identified as an order.

One commentator suggested adding a checkbox to item 1a on this form. The committee concluded that the addition of a checkbox would make it appear that the submission of the listed document was optional.

Rule 5.640(c)

Three commentators recommended giving a deadline to the court to make its ruling. The committee concluded it would be helpful to include in the rule the statutory mandate of Welfare and Institutions Code section 369.5(c), which requires the court to approve or deny the application or set the matter for hearing within seven court days of the completed application’s receipt.

Rule 5.640(c)(1)

One commentator recommended that the prescribing physician not be required to complete form JV-220(A); instead, (c)(5) of the rule should be modified to permit other professionals to complete the form. The prescribing physician’s signature would indicate that the information is accurate and reflects his or her recommendation. The committee decided that eliminating the requirement that the physician complete form JV-220(A) is contrary to the legislative intent and that completion of the form by someone other than the physician could result in the

submission of less detailed information and the unintentional omission of critical information.

One commentator suggested adding “probation officer” as an appropriate person to complete form JV-220 since the rule and set of forms may be used in delinquency proceedings at the option of the local court. The failure to include “probation officer” was an oversight that has been corrected.

Rule 5.640(c)(6)(B)

One commentator stated that although the phrase “dosage range” is vague, it is beneficial because it will reduce the burden of paperwork for physicians who will be able to designate a range. A second commentator recommended replacing “dosage range” in subsection (c)(6)(B) with “maximum daily dosage” used in the medication chart on form JV-220(A). The committee concluded that the change to “maximum daily dosage” was appropriate.

One commentator recommended leaving the word “anticipated” in the phrase “length of time this course of treatment will continue” because the prescribing physician may not know how long the medication will have to be administered to the child. Following best practices, the committee decided that definitive time frames are necessary to reduce the risk that medication would be inadvertently given for longer periods to foster children than originally intended, without the benefit of judicial oversight.

Rule 5.640(c)(7)

One commentator suggested modifying the rule to require the use of the most expeditious manner of notice as possible. The committee concluded that it is not necessary to add a specific requirement as the notice deadlines in the rule do encourage the provision of notice in the most expeditious manner possible.

Two commentators suggested including e-mail as a form of notice, but e-mail notice currently is not provided by statute.

One commentator suggested specifically including notice by facsimile to a parent. Although it is an acceptable method of notification, it was not included as a standard practice because nonprofessionals are unlikely to have facsimile machines.

Rule 5.640(c)(8)

One commentator recommended including guidelines on how to calculate the period for filing an opposition. The courts have not reported that the calculation of the period to file an opposition is an issue, and the committee determined that the inclusion of guidelines is not currently needed.

One commentator requested clarification regarding whether the local practice of holding an application for two days pending the filing of any opposition would be affected by the proposed rule. The committee does not intend for the proposed rule or forms to affect this local procedure.

One commentator requested clarification regarding whether individuals who could file an opposition were limited to those named in the rule, and the committee clarified that the rule did limit the individuals to those named in the rule.

One commentator recommended changing the deadline for filing the opposition from two to four days because it can be difficult for a child's attorney to contact the child, the child's caregiver, and other service providers to determine whether an opposition should be filed on the child's behalf. The committee concluded that the need for an expeditious decision regarding medication outweighs the inconvenience that the two day time frame may impose on the child's attorney.

Rule 5.640(g)

One commentator stated that the definition of "emergency" in the proposed rule was too broad. The working group and committee thoroughly reviewed the issues involved in the emergency administration of psychotropic medication and concluded that the proposed definition, which imposes several requirements before medication can be administered, achieves the appropriate balance.

Implementation Requirements and Costs

Implementation of the new forms will cause courts to incur standard reproduction costs.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2008, amend rule 5.640, revise form JV-220, revoke form JV-220A, and adopt forms JV-219-INFO, JV-220(A), JV-221, JV-222, and JV-223 to improve the statewide procedure used to seek authorization for administering psychotropic medication to children in out-of-home placements.

The text of the proposed rule is attached at pages 18–23 and the text of the proposed forms at pages 24–33.

The text of Welfare and Institutions Code section 369.5 is attached at page 64.

The current version of rule 5.640 of the California Rules of Court is attached at pages 65–67. The current forms JV-220 and JV-220A are attached at pages 68–74.

Attachments

Rule 5.640 of the California Rules of Court is amended effective January 1, 2008, to read:

1 **Rule 5.640. Psychotropic medications**

2
3 (a)–(b) ***

4
5 (c) **Procedure to obtain authorization-**

6
7 (1) The Judicial Council forms *Application Regarding Psychotropic*
8 *Medication (JV-220)*, *Prescribing Physician’s Statement—Attachment*
9 *(JV-220(A))*, *Proof of Notice: Application Regarding Psychotropic*
10 *Medication (JV-221)*, *Opposition to Application Regarding*
11 *Psychotropic Medication (JV-222)*, and *Order Regarding Application*
12 *for Psychotropic Medication (JV-223)* must be used to obtain
13 authorization to administer psychotropic medication to a dependent of
14 the court.

15
16 (2) Additional information may be provided to the court through the use of
17 local forms that are consistent with this rule.

18
19 (3) Local county practice and local rules of court determine the procedures
20 for completing and filing the forms and for the provision of notice,
21 except as otherwise provided in this rule.

22
23 (4) An application must be completed and presented to the court, using
24 ~~Application and Order for Authorization to Administer Psychotropic~~
25 ~~Medication—Juvenile (form JV 220)~~ *Judicial Council forms*
26 *Application Regarding Psychotropic Medication (JV-220)* and
27 *Prescribing Physician’s Statement—Attachment (JV-220(A))*. The
28 court must approve, deny, or set the matter for a hearing within seven
29 court days of the receipt of the completed application.

30
31 ~~(4) (5) If possible, the physician recommending that the medication be~~
32 ~~administered to the dependent should sign the application. The social~~
33 ~~worker may act as applicant and sign the application, with an~~
34 ~~attachment or notation identifying the physician who is requesting the~~
35 ~~authorization. The form *Application Regarding Psychotropic*~~
36 *Medication (JV-220)* may be completed by the prescribing physician,
37 medical office staff, child welfare services staff, probation officer, or
38 the child’s caregiver. The physician prescribing the administration of
39 psychotropic medication for the dependent child must complete and
40 sign *Prescribing Physician’s Statement—Attachment (JV-220(A))*.

1 (2) ~~(6)~~ The application shall Prescribing Physician's Statement— Attachment
2 (JV-220(A)) must include all of the following:

3
4 (A) ***

5
6 (B) The specific medication recommended, with the recommended
7 maximum daily dosage and anticipated length of time this course
8 of treatment will continue;

9
10 (C)–(E) ***

11
12 (F) ~~A description of any other treatment plans for the child that are~~
13 ~~relevant to the medication regimen (e.g., discontinuing or~~
14 ~~reducing presently prescribed medications; group or individual~~
15 ~~therapy);~~

16
17 (F) A description of any other therapeutic services related to the
18 child's mental health status; and

19
20 (G) A statement that the child has been informed in an age-appropriate
21 manner of the recommended course of treatment, the basis for it,
22 and its possible results. The child's response must be included;
23 and.

24
25 (H) ~~A statement that the child's parents or guardian have also been~~
26 ~~informed as in (G), or a statement describing efforts to inform the~~
27 ~~parents. The response of any parent or guardian must be included.~~

28
29 (3) ~~(7)~~ The applicant must notice the attorneys of record and the parties to
30 the proceeding before the submission of the application and make
31 available a copy of *Opposition to Application for Order for*
32 *Authorization to Administer Psychotropic Medication—Juvenile* (form
33 JV-220A) to those receiving notice. Notice must be provided as
34 follows:

35
36 (A) Notice to the parents or legal guardians and their attorneys of
37 record must include:

38
39 (i) A statement that a physician is asking to treat the child's
40 emotional or behavioral problems by beginning or
41 continuing the administration of psychotropic medication to
42 the child and the name of the psychotropic medication;
43

1 (ii) A statement that an *Application Regarding Psychotropic*
2 *Medication (JV-220) and a Prescribing Physician's*
3 *Statement—Attachment (JV-220(A)) are pending before the*
4 *court;*

5
6 (iii) A copy of *Information About Psychotropic Medication*
7 *Forms (JV-219-INFO) or information on how to obtain a*
8 *copy of the form; and*

9
10 (iv) A blank copy of *Opposition to Application Regarding*
11 *Psychotropic Medication (JV-222) or information on how to*
12 *obtain a copy of the form.*

13
14 (B) Notice to the child's current caregiver and Court Appointed
15 Special Advocate, if one has been appointed, must include only:

16
17 (i) A statement that a physician is asking to treat the child's
18 emotional or behavioral problems by beginning or
19 continuing the administration of psychotropic medication to
20 the child and the name of the psychotropic medication; and

21
22 (ii) A statement that an *Application Regarding Psychotropic*
23 *Medication (JV-220) and a Prescribing Physician's*
24 *Statement—Attachment (JV-220(A)) are pending before the*
25 *court;*

26
27 (C) Notice to the child's attorney of record and any Child Abuse
28 Prevention and Treatment Act guardian ad litem for the child
29 must include:

30
31 (i) A completed copy of the *Application Regarding*
32 *Psychotropic Medication (JV-220);*

33
34 (ii) A completed copy of the *Prescribing Physician's*
35 *Statement—Attachment (JV-220(A));*

36
37 (iii) A copy of *Information About Psychotropic Medication*
38 *Forms (JV-219-INFO) or information on how to obtain a*
39 *copy of the form; and*

40
41 (iv) A blank copy of *Opposition to Application Regarding*
42 *Psychiatric Medication (JV-222) or information on how to*
43 *obtain a copy of the form.*

1 (D) Proof of notice of the application regarding psychotropic
2 medication must be filed with the court using Judicial Council
3 form *Proof of Notice: Application Regarding Psychotropic*
4 *Medication* (JV-221).
5

6 (4) ~~(8)~~ Any attorney or party who opposes the application must file within
7 two court days of notice of application (1) a statement of opposition
8 and (2) notice to all parties and attorneys of record of the opposition. A
9 parent or guardian, his or her attorney of record, a child's attorney of
10 record, or a child's Child Abuse Prevention and Treatment Act
11 guardian ad litem appointed under rule 5.662 of the California Rules of
12 Court who is opposed to the administration of the proposed
13 psychotropic medication must file a completed *Opposition to*
14 *Application Regarding Psychotropic Medication* (JV-222) within two
15 court days of receiving notice of the pending application for
16 psychotropic medication.
17

18 (5) ~~(9)~~ If a party or attorney requests additional information before agreeing
19 to or opposing the application, the request must be noted on the
20 application, and the court may delay its decision to grant, deny, or set
21 the matter for a hearing until the party or attorney is provided with the
22 additional information and communicates to the social worker his or
23 her consent, opposition, or request for a hearing. The social worker
24 must then resubmit the application to the court, noting the response of
25 the party or attorney.
26

27 (6) ~~(10)~~ The court may grant the application without a hearing or may set the
28 matter for hearing at the court's discretion. If the court sets the matter
29 for a hearing, it is the obligation of the opposing party to notice all
30 other parties the clerk of the court must provide notice of the date, time,
31 and location of the hearing to the parents or legal guardians, their
32 attorneys of record, the child if 12 years of age or older, the child's
33 attorney of record, the child's current caregiver, the child's social
34 worker, the social worker's attorney of record, the child's Child Abuse
35 Prevention and Treatment Act guardian ad litem, and the child's Court
36 Appointed Special Advocate, if any, at least two court days before the
37 hearing. Notice must be provided to the child's probation officer and
38 the district attorney, if the child is a delinquent child.
39

40 (d) ***

41
42 (e) **Delegation of authority (§ 369.5)**
43

1 After consideration of ~~the~~ an application and attachments and a review of the
2 case file, the court may order that the parent be authorized to approve or
3 deny the administration of psychotropic medication. The order must be based
4 on the following findings, which must be included in the order: (1) the parent
5 poses no danger to the child, and (2) the parent has the capacity to
6 understand the request and the information provided and to authorize the
7 administration of psychotropic medication to the child, consistent with the
8 best interest of the child.

9
10 (f) ***

11
12 (g) **Emergency treatment**

13
14 ~~In emergency situations, psychotropic medications may be administered to a~~
15 ~~dependent with or without court authorization or court delegation of~~
16 ~~authority to a parent in accordance with section 369(d).~~

17
18 (1) Psychotropic medications may be administered without court
19 authorization in an emergency situation. An emergency situation occurs
20 when:

21
22 (A) A physician finds that the child requires psychotropic medication
23 to treat a psychiatric disorder or illness; and

24
25 (B) The purpose of the medication is:

26
27 (i) To protect the life of the child or others, or

28
29 (ii) To prevent serious harm to the child or others, or

30
31 (iii) To treat current or imminent substantial suffering; and

32
33 (C) It is impractical to obtain authorization from the court before
34 administering the psychotropic medication to the child.

35
36 (2) Court authorization must be sought as soon as practical but in no case
37 more than two court days after the emergency administration of the
38 psychotropic medication.

39
40 ~~(h) Local forms~~

41
42 ~~Application and Order for Authorization to Administer Psychotropic~~
43 ~~Medication—Juvenile (form JV 220) and Opposition to Application for~~

1 ~~*Order for Authorization to Administer Psychotropic Medication—Juvenile*~~
2 ~~(form JV 220A) must be filed with the court. Additional information may be~~
3 ~~provided to the court through the use of local forms that are consistent with~~
4 ~~this rule.~~

5
6 ~~(i) (h) ***~~

JV-219-INFO Information About Psychotropic Medication Forms

Use the Judicial Council forms listed below when requesting an order regarding psychotropic medication. Local forms may be used to provide additional information to the court.

JV-220, *Application Regarding Psychotropic Medication*

JV-220(A), *Prescribing Physician's Statement—Attachment*

JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*

JV-222, *Opposition to Application Regarding Psychotropic Medication*

JV-223, *Order Regarding Application for Psychotropic Medication*

General Instructions

- ① Use psychotropic medication forms when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order:
 - a. giving permission for the child to receive a psychotropic medication that is not currently authorized *or*
 - b. renewing an order for a psychotropic medication that was previously authorized for the child because the order is due to expire.
- ② Use of the forms is mandatory for a child who is a dependent of the juvenile court.
- ③ Use of the forms is optional for a child who is a ward of the juvenile delinquency court unless use of the forms is required by a local rule of court.
- ④ Use of the forms is not required if the court has previously entered an order giving the child's parent the authority to approve or deny the administration of psychotropic medication to the child.
- ⑤ Form JV-220(A), *Prescribing Physician's Statement—Attachment*, must be completed and signed by the prescribing physician and forwarded to the person responsible for completing Form JV-220, *Application Regarding Psychotropic Medication*, as provided for in local court rules or local practice protocols. The completed JV-220(A), with all its attachments, must be attached to JV-220 when it is filed with the court.
- ⑥ The person or persons responsible for providing notice under local court rules or local practice protocols must complete, sign, and file with the court Form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*.

JV-220, Application Regarding Psychotropic Medication

- ① This form gives the court basic information about where the child lives and whether the current situation has caused the child to be moved to a temporary location such as a psychiatric hospital, a juvenile hall, a shelter home, or respite care. It also provides the name and contact information for the child's social worker or probation officer.
- ② This form may be completed by the prescribing physician, the medical office staff, the child welfare services staff, the probation department staff, or the child's caregiver. If completed by a staff person from the medical office, the child welfare services agency, the probation department, or the child's caregiver, he or she must check the appropriate box, type or print his or her name, and sign the form. If completed by the prescribing physician, he or she must check the appropriate box and complete and sign JV-220(A).



JV-220(A), Prescribing Physician's Statement—Attachment

- ① This form must be completed and signed by the prescribing physician, who must provide information related to the administration of the psychotropic medication, including the child's diagnosis, relevant medical history, other therapeutic services, the psychotropic medication to be administered, and the basis for the psychotropic medication recommendation.
- ② Prior court authorization must be obtained before a psychotropic medication not currently authorized is given to a child except in an emergency situation. An emergency situation occurs when a physician finds that the child requires psychotropic medication because of a mental condition and the purpose of the medication is to protect the life of the child or others, prevent serious harm to the child or others, or to treat current or imminent substantial suffering and it is impractical to obtain prior authorization from the court. Court authorization must be sought as soon as practical but never more than two court days after the emergency administration of the psychotropic medication.

JV-221, Proof of Notice: Application Regarding Psychotropic Medication

- ① This form provides verification of the notice required by rule 5.640 of the California Rules of Court.
- ② This form must be completed and signed by the person or persons responsible for providing notice as required by local court rules or local practice protocols. 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—for example, when local court rule or local practice protocol requires 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 2 of the form.

JV-222, Opposition to Application Regarding Psychotropic Medication

- ① This form must be used when the parent or guardian, the attorney of record for a parent or guardian, the child, the child's attorney, or the child's CAPTA guardian ad litem does not agree that the child should take the recommended psychotropic medication.
- ② Within two court days of receiving notice of the application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, the child's attorney, or the child's CAPTA guardian ad litem who disagrees must complete, sign, and file Form JV-222 with the clerk of the juvenile court.
- ③ The court will make a decision about the child's psychotropic medication after reading the application and its attachments and any opposition filed on time. The court is not required to set a hearing when an opposition 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, and the social worker's attorney at least two court days before the date set for the hearing. If local court procedure mandates application of the rule in delinquency matters, the clerk must also notice the child's probation officer.

JV-223, Order Regarding Application for Psychotropic Medication

This form contains the court's findings and orders about psychotropic medications.

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-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.

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the Judicial Council**

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:

Clerk 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
 - in a regular group home in a level 12–14 group home
 - at a juvenile camp at a juvenile ranch
 - other (*specify*): _____

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

c. Contact information for responsible adult where child lives:

(1) Name: _____

(2) Phone: _____

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*)
- Probation department staff (*sign above*)
- Medical office staff (*sign above*)
- Caregiver (*sign above*)
- Prescribing physician (*sign on page 3 of JV-220(A)*)

JV-220(A)

Prescribing Physician's Statement—Attachment

Case Number: _____

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About 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 continue psychotropic medication the child is currently taking

3 This application is made during an emergency situation. 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*): _____

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
 records (*specify*): _____
 other (*specify*): _____

7 Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.



Case Number: _____

Child's name: _____

8 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):

9 Therapeutic services, other than medication, in which the child will 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. Other modality (explain): _____

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):

b. Relevant laboratory tests performed or ordered (optional information; provide if required by local court rule):
 kidney function liver function thyroid function UA glucose lipid panel
 CBC EKG pregnancy medication blood levels (specify): _____
 other (specify): _____

11 **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.

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 other (explain): _____
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 is too young.
(2) the child lacks the capacity to provide a response (explain): _____

(3) other (explain): _____

13 The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was agreeable other (explain):

14 Additional information regarding medication treatment plan: _____



Child's name: _____

- 15** 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). Administration schedule is optional information; provide if required by local court rule.

<i>Medication name (generic or 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 (optional)</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: 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.

- 16** 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>

- 17** 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>

Date: _____

Type or print name of prescribing physician



Signature of prescribing physician

Proof of Notice: Application Regarding Psychotropic Medication

Clerk stamps date here when form is filed.

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Not approved by
the Judicial Council**

Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

① The following parents/legal guardians of the child were given notice of the physician's request to begin and/or to continue administering psychotropic medication, the name of each medication, and that a JV-220, *Application Regarding Psychotropic Medication*, and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, or with information on how to obtain a copy of each form.

Fill in court name and street address:

Superior Court of California, County of

a. Name: _____ Date notified: _____
Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): _____

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

b. Name: _____ Date notified: _____
Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): _____

Fill in case number when form is filed.

Case Number:

c. Name: _____ Date notified: _____ Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States 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 a JV-220 and a JV-220(A) are pending before the court as follows:

Caregiver (*name*): _____

Manner: In person By phone at (*specify*): _____ By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the following address (*specify*): _____

⑥ 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

Signature

Signature follows on page 2.



Child's name: _____

7 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 Forms JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*; a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*; and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, as follows:

a. Attorney's name: _____ Date notified: _____
Manner: In person By fax at (specify): _____ 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 depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): _____

8 The following attorneys were given notice of the physician's request to begin and/or continue administering psychotropic medication, the medication name, and that a JV-220, *Application Regarding Psychotropic Medication* and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding 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 depositing the required information and copies of JV-219-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 depositing the required information and copies of JV-219-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 depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): _____

9 The child's CASA volunteer was notified that a JV-220 and a JV-220(A) are pending before the court as follows:
CASA volunteer (name): _____ Date notified: _____
Manner: In person By phone at (specify): _____ 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

Signature

Clerk stamps date here when form is filed.

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Not approved by
the Judicial Council**

The Court read and considered:

- a. JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*, filed on (date): _____
- b. JV-222, *Opposition to Application Regarding Psychotropic Medication*, filed on (date): _____
- c. Other (specify): _____

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 ⑮ on page 3 of JV-220(A).

A copy of page 3 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 ⑮ on the attached page 3 of JV-220(A) (specify all modifications and conditions): _____

- c. denied (specify reason for denial): _____

- ④ 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:

Fill in case number when form is filed.

Case Number:

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

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Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A, and adopt forms: JV-219-INFO, JV-220(A,) JV-221, JV-222, and JV-223)

GENERAL POSITIONS AND COMMENTS					
List of All Commentators and Their Overall Positions on the Proposal					
	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
1	Ross Andelman, M.D. Chief Psychiatrist Contra Costa Health Services	AM	N	See comments below.	See response below.
2	Michael Bays Chief Deputy Sacramento County Probation Department	N	Y	No narrative comments.	No response required.
3	Elena Braverman, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	AM	N	See comments below.	See response below.
4	Richard Brazil Social Worker Supervisor Butte County Department of Social Services	AM	Y	See comments below.	See response below.
5	L. David Casey Senior Deputy Office of the San Diego County Counsel	AM	N	See comments below.	See response below.
6	Alexander Chen, M.D. Medical Director Comprehensive Child Crisis Services	AM	N	See comments below.	See response below.
7	Hon. Tari L. Cody Juvenile Dependency Judge Superior Court of Ventura County	N	Y	See comments below.	See response below.
8	Lisa M. Cullins, M.D. Corporate Medical Director EMQ Children and Family Services	AM	Y	See comments below.	See response below.

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GENERAL POSITIONS AND COMMENTS					
List of All Commentators and Their Overall Positions on the Proposal					
	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
9	Steven Dickerson	AM	N	See comments below.	See response below.
10	Rolanda Pierre Dixon Assistant District Attorney Santa Clara County District Attorney	A	Y	No narrative comments.	No response required.
11	Fran Edelstein, Ph.D. Mental Health Consultant California Alliance of Child and Family Services	AM	Y	See comments below.	See response below.
12	Mark Edelstein, M.D. Child and Adolescent Psychiatrist	AM	N	See comments below.	See response below.
13	Celia Engelman, LCSW Senior Director of Campus Programs San Diego Center for Children	N	Y	See comments below.	See response below.
14	Paula Forthun-Baldwin Administrative Analyst Inland Regional Center	A	Y	No narrative comments.	No response required.
15	Suzanna Gee Associate Managing Attorney Protection and Advocacy, Inc.	A	Y	See comments below.	See response below.
16	Vasanta Giri, M.D. Psychiatrist Lincoln Child Center	AM	Y	See comments below.	See response below.
17	Sandhya Guadapati, M.D. Medical Services Director Crittenton Services for Children and Families	AM	N	See comments below.	See response below.

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Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A, and adopt forms: JV-219-INFO, JV-220(A,) JV-221, JV-222, and JV-223)

GENERAL POSITIONS AND COMMENTS					
List of All Commentators and Their Overall Positions on the Proposal					
	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
18	Diane Harris, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	N	N	See comments below.	See response below.
19	Emmeline Hazaray, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	AM	N	See comments below.	See response below.
20	Robert Horst, M.D. Medical Director CAPS Clinic Sacramento County Child and Adolescent Psychiatric Services	AM	Y	See comments below.	See response below.
21	Dennis B. Jones Court Executive Officer Superior Court of Sacramento County	AM	Y	See comments below.	See response below.
22	Debra Kalan, M.D. Child and Adolescent Psychiatrist Star View Community Services	N	Y	See comments below.	See response below.
23	Corene Kendrick Staff Attorney Youth Law Center	AM	Y	See comments below.	See response below.
24	Catherine Kennedy, M.D. Marin County Community Mental Health— Child and Family Service	N	N	See comments below.	See response below.
25	Edmund C. Levin, M.D.	AM	N	See comments below.	See response below.
26	Superior Court of Los Angeles County	A	Y	No narrative comments.	No response required.

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GENERAL POSITIONS AND COMMENTS					
List of All Commentators and Their Overall Positions on the Proposal					
	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
27	Elizabeth Lowe Public Health Nurse Glenn County Public Health Foster Care Program	AM	N	See comments below.	See response below.
28	Martha Matthews Writ Attorney Children’s Law Center of Los Angeles	AM	Y	See comments below.	See response below.
29	Allan McDonald, M.D. Psychiatrist Hathaway-Sycamores Child and Family Services	N	N	See comments below.	See response below.
30	Barry Miller, M.D. Child and Adolescent Psychiatrist Contra Costa Health Services	AM	N	See comments below.	See response below.
31	Rubina Najeeb, M.D. Staff Psychiatrist Star View Community Services	AM	N	See comments below.	See response below.
32	Andrea Nelson Director of Operations Superior Court of Butte County	A	N	See comments below.	See response below.
33	Les Nyman, M.D. Child and Adolescent Psychiatrist Five Acres	AM	N	See comments below.	See response below.
34	Kathleen A. O’Connor Assistant County Counsel Sacramento Department of Health and Human Services	AM	Y	See comments below.	See response below.

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GENERAL POSITIONS AND COMMENTS					
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	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
35	James M. Owens Assistant County Counsel Office of the County Counsel Dependency Division (Los Angeles)	AM	N	See comments below.	See response below.
36	Kevin Park, M.D. Child and Adolescent Psychiatrist Kinship Center	N	N	See comments below.	See response below.
37	Jim Roberts Chief Executive Officer Family Care Network, Inc.	N	Y	See comments below.	See response below.
38	Mike Roddy Executive Officer Superior Court of San Diego County	AM	Y	See comments below.	See response below.
39	Karen Roebuck Deputy County Counsel On behalf of Humboldt County Probation Department	N	Y	See comments below.	See response below.
40	Michael Schertell, LMFT Program Manager II Juvenile Court Behavioral Health Services, County of San Bernardino	AM	Y	See comments below.	See response below.
41	Joe Sison, M.D. Medical Director Sacramento County Child and Family Mental Health Associate Professor, UC Davis School of Medicine	AM	N	See comments below.	See response below.

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Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A, and adopt forms: JV-219-INFO, JV-220(A,) JV-221, JV-222, and JV-223)

GENERAL POSITIONS AND COMMENTS					
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	Commentator	Position	Comment on behalf of group?	Comment Excerpt or Summary	Committee Response
42	Heidi Sulmon-Smith, M.D. Child and Adolescent Psychiatrist EMQ Children and Family Services	AM	N	See comments below.	See response below.
43	Jennifer Troia Director of Advocacy California CASA Association	AM	Y	See comments below.	See response below.
44	Leah van Lingen Program Specialist Child Welfare, County of San Diego	AM	N	See comments below.	See response below.
45	Isabelle Voit Chief Probation Officer Solano County Probation	AM	N	See comments below.	See response below.
46	Harry C. Wang, M.D., et al. Psychiatric Director River Oak Center for Children	AM	Y	See comments below.	See response below.
47	Kim Weleba, R.N. Nursing Supervisor Hillsides Home for Children	AM	Y	See comments below.	See response below.
48	Lesley Wilson, Ph.D. Psychologist MCSTART	N	N	See comments below.	See response below.
49	Cynthia J. Wojan Juvenile Court Coordinator Superior Court of Solano County	A	N	See comments below.	See response below.

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GENERAL COMMENTS ABOUT THE PROPOSAL		
Commentator	Comment Excerpt or Summary	Committee Response
Ross Andelman, M.D. Chief Psychiatrist Contra Costa Health Services	<p>a. Remove all references in the forms to requiring the court to authorize the discontinuation of medication.</p> <p>b. Include a checklist of forms to complete instead of using an easily missed reminder.</p> <p>c. Only allow for filing of application by child welfare worker or probation. Forms should not indicate that other individuals may be filing the forms.</p> <p>d. Form JV-220 should merge information on where the child lives with where the child currently is at. Making these two separate questions is repetitive.</p>	<p>a. Modified as requested. See comment below in discussion of rule 5.640.</p> <p>b. Because different jurisdictions have widely different filing practices, the current format allows for the most flexibility in filing.</p> <p>c. The proposed format allows the flexibility needed to accommodate the procedures found in various jurisdictions and the variety of individuals filing the forms.</p> <p>d. Working group members representing the judiciary felt that it was important to know both the current location of the child—for example, if he or she is now temporarily hospitalized or in the juvenile hall—and where the child usually lives.</p>
Michael Bays Chief Deputy Sacramento County Probation Department	Does not agree; no specific comment.	No response required.
Richard Brazil Social Worker Supervisor Butte County Department of Social Services	Agree with splitting the JV-220 into three parts.	No response required.
L. David Casey Senior Deputy Office of the San Diego County Counsel	<p>a. Does the de facto parent need notice?</p> <p>b. Is the court going to hold the JV-220 for two days before the order, awaiting any possible</p>	<p>a. No. In most cases the de facto parent is the caretaker, so it is not necessary to carve out an additional notice requirement for the de facto parent.</p> <p>b. Yes. This is the same procedure that is currently in use under the existing rule.</p>

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GENERAL COMMENTS ABOUT THE PROPOSAL		
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	<p>opposition?</p> <p>c. The header on the top of page 2 states: “Your name ____.” Whose name should this be?</p> <p>d. The parent needs more instruction on how to file the opposition, form JV-222.</p> <p>e. Form JV-223 needs a check box added to item a.</p>	<p>c. The form has been modified to indicate that this space is for the child’s name.</p> <p>d. The section of JV-219-INFO about form JV-222 was modified to make it clear that the form is to be filed with the clerk of the juvenile court. A local jurisdiction can develop additional instructions for parents that address specific local processes and procedures.</p> <p>e. There is no checkbox for this item because it is not optional for the court to consider the document listed in item a.</p>
Alexander Chen, M.D. Medical Director Comprehensive Child Crisis Services	I would advocate for one year review of medication authorization since most, if not all, psychiatric medication treatments require more than six months to be effective and anniversary dates allow for better tracking of renewals.	Children in the dependency and delinquency systems often experience frequent and substantial life changes in relatively short periods of time. More frequent medication reviews by the courts help participants and parties monitor the interaction of the changes with the child’s response to the medication.
Rolanda Pierre Dixon Assistant District Attorney Santa Clara County District Attorney	Agree, no specific comment.	No response required.
Paula Forthun-Baldwin Administrative Analyst Inland Regional Center	Agree, no specific comment.	No response required.

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GENERAL COMMENTS ABOUT THE PROPOSAL		
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Suzanna Gee Associate Managing Attorney Protection and Advocacy, Inc.	<p>a. PAI supports the modifications that allow for some jurisdictions to continue applying local rules that may require additional information, set out procedures for completing and filing the forms, or address notice requirements.</p> <p>b. Youth should be involved in treatment decisions.</p> <p>c. Parents or legal guardians should be given notice about the application.</p>	<p>a. No response required.</p> <p>b. Physicians generally speak with their patients about treatment decisions. The form requests information on the child’s position and advisement.</p> <p>c. Parents or legal guardians are required to be given notice.</p>
Vasanta Giri, M.D. Psychiatrist Lincoln Child Center	I agree that attention to details in the application process should be mindful of the need to protect the child’s privacy. I also applaud the proposal that responses from parents and attorneys will not be necessary for the court to make a ruling about authorizing psychotropic medication. This is a common reason for delays in authorization.	No response required.
Dennis B. Jones Court Executive Officer Superior Court of Sacramento County	<p>a. The JV-220 requires the user to write the child’s name twice.</p> <p>b. The court order format should return to the formal AOC format so that it can be distinguishable as a court order.</p>	<p>a. Modified as requested.</p> <p>b. The plain language format helps make the courts more accessible to the general public. The JV-223 is clearly identified as an order.</p>
Corene Kendrick Staff Attorney Youth Law Center	a. In order to avoid unnecessary delays, the drafters of the rule should consider creating a specific deadline by which the court must make a ruling on the application.	a. The statutory mandate of Welfare and Institutions Code section 369.5(c), which requires the court to approve, deny or set the matter for hearing within seven court days from receipt of the completed application, has been incorporated in the rule.

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GENERAL COMMENTS ABOUT THE PROPOSAL		
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	<p>b. A requirement should be added that parties use the most expeditious manner as possible for giving notice. The ability to fax or email notice to the parents or guardians should be added.</p> <p>c. The information that the physician provides on side effects and interactions should be in plain English to make it understandable to the child and caretaker. Manufacturer inserts are not always clear and tend to be very long, thus discouraging people from getting the important information.</p> <p>d. There should be a requirement that the physician state that the child has been informed about why they are being prescribed the medication and the impact of going off the medication abruptly.</p> <p>e. The first judicial review after an order is signed should be set for 90 days, so that if there are any initial treatment problems, they can be brought to light quickly.</p>	<p>b. The notice deadlines provided in the rule do encourage service using the most expeditious manner possible. Since most parents do not have reliable access to fax, this manner of service was not included. E-mail is not a statutorily recognized manner of notice.</p> <p>c. The use of attachments to explain the side effects varies by county. Many physicians have a preprinted plain language information sheet while others submit manufacturer inserts. Manufacturer inserts, while often long and in small print, provide the most information to the court. The physician is required to state that he or she has informed the child of the potential side effects. The proposed form will be revised to state that the physician has done so in an age-appropriate manner.</p> <p>d. The current rule and form require that the physician inform the child of the reasons for the medication and the medication’s side effects. These requirements are included in the proposed rule and form.</p> <p>e. Faster reviews are unnecessary in many instances. If an issue arises, the matter can be calendared prior to the current 180-day review timeline.</p>
Catherine Kennedy, M.D. Marin County Community Mental Health—Child and Family Service	<p>a. There are excessive additional documentation requirements that may result in protracted delay in providing needed medication.</p> <p>b. Diminishes child-centered focus by</p>	<p>a. The new format is anticipated to reduce the amount of documentation that is presented to the physician. The amount of information requested is not substantially greater than that requested by the previous version of the form.</p> <p>b. The authorization process has not been changed. The requirement to</p>

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GENERAL COMMENTS ABOUT THE PROPOSAL		
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	<p>restricting flexibility of response to demonstrated clinical changes.</p> <p>c. Unduly reinforces objections by parents that may be completely unfounded or unreasonable.</p>	<p>seek authorization for discontinuation of medication has been removed. See discussion below regarding rule 5.640.</p> <p>c. The proposed rule and form do not change the procedure to ensure the protection of the parents’ due process rights.</p>
Edmund C. Levin, M.D.	The rules for notification of concerned parties seem overly inclusive. I would prefer there being no expansion of the list of people to notify beyond what is already required.	This issue was discussed at length, and the committee concluded that notification of the individuals listed in the proposed rule will ensure compliance with due process requirements. In addition, notification to the caretaker and the child’s CASA, who often have relevant information regarding the child’s day-to-day functioning, will provide each of them with the opportunity to provide that information to the court.
Superior Court of Los Angeles County	Agree with proposed changes.	No response required.
Elizabeth Lowe, PHN Public Health Nurse Glenn County Public Health Foster Care Program	<p>a. I agree with separating the physician component from the social work component.</p> <p>b. Minimize the amount of paperwork the physician must complete by utilizing more checkboxes and reducing the number of pages to two.</p> <p>c. Adverse reaction forms should be standardized for the state via one of the web sites currently available to social workers and should be the responsibility of the social worker to include.</p>	<p>a. No response required.</p> <p>b. Providing opportunities for open-ended questions allows physicians to give more detailed information to the court and allows for better-informed decision making, thus supporting the legislation’s intent. Many working group physicians supported the inclusion of more narrative responses.</p> <p>c. Physicians often have preprinted forms or manufacturer inserts that describe adverse reactions, and those are acceptable to include with the form. The responsibility for selection of the correct adverse reaction form for a specific medication should be the responsibility of the prescribing physician as the professional with the medical training needed to make that determination.</p>

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GENERAL COMMENTS ABOUT THE PROPOSAL		
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	<p>d. Ensure the new form is imported into the CWS/CMS system, is fillable and able to be e-mailed to providers.</p> <p>e. Consider each court hiring their own psychiatrist to assist attorneys and judges in this matter rather than burdening the already taxed child psychiatrists.</p>	<p>d. Judicial Council forms accessed through the California Courts Web site at www.courtinfo.ca.gov are generally fillable online. The Administrative Office of the Courts does not maintain the CWS/CMS system, so the AOC can encourage but not ensure the form's inclusion.</p> <p>e. Courts that are able to employ consultants may do so. However, the need for the prescribing physician to communicate the issues associated with prescribing medication for the specific needs of the dependent or delinquent child in question dictates that the prescribing physician needs to personally complete the form.</p>
Martha Matthews Writ Attorney Children's Law Center of Los Angeles	The rule and form should address that the discontinuation of medication should be gradual and not abrupt.	The manner of discontinuation of medication will be addressed through the physician's prescribing instructions to the patient. The order specifies that a change in placement does not require a new order, thus lessening the chance of an inappropriate, abrupt discontinuation of medication.
Allan McDonald, M.D. Psychiatrist Hathaway-Sycamores Child and Family Services	I would likely not comply with this policy. Filling out a more detailed form will not stop the shoddy practices of some psychiatrists. A more helpful proposal would be to continue to have experts review the prescribing practices of the child psychiatrist. This proposal may make it harder to find a psychiatrist which will cause further problems.	Not all counties have the resources to utilize consultants and other experts. The additional information gathered on the form will assist judicial decision making and also provide more information to consultants who are only able to review the form and are not able to speak with the prescribing physician. It is believed that the restructured form, which has a stand alone physician attachment, will prove less burdensome to the psychiatrists and, thus, not make it more difficult to find physicians willing to work with the court system.
Andrea Nelson Director of Operations Superior Court of Butte County	Agree with proposed changes, but dislike plain language format.	The plain language format will make the form easier to use and understand.
Kevin Park, M.D. Child and Adolescent Psychiatrist	An on-going problem in administering medication to a dependent child is the failure to	The additional information sought in the revised psychotropic medication forms is intended to improve the information available to

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GENERAL COMMENTS ABOUT THE PROPOSAL		
Commentator	Comment Excerpt or Summary	Committee Response
Kinship Center	communicate between the psychiatrist and the social worker about the child’s bio-psycho-social risk picture. While the proposed form seems to be a step in the right direction, it does not contain a good mechanism for information communication. Better outcomes would be facilitated by high levels of contact between the social workers and the assessing/treating professionals. The JV-220 should be made more narrative and the social worker and judge should be required to meet with the doctor and discuss the medication issue.	the court while balancing the time and resource constraints placed on the judiciary, court participants, and prescribing physicians.
Mike Roddy Executive Officer Superior Court of San Diego County	a. Numerous technical changes to rule and forms. b. Add Child Abuse Protection and Treatment Act guardian ad litem to the notice provisions of the rule and to the appropriate portions of the JV-221.	a. Modified, as appropriate. b. The Child Abuse Protection and Treatment Act guardian ad litem was added as suggested.
Michael Schertell, LMFT Program Manager II Juvenile Court Behavioral Health Services, County of San Bernardino	a. Delete references on all forms to the discontinuation of medication. b. Add email as a form of notice throughout forms. c. The caregivers should not be given notice because the physician is speaking with them.	a. Modified, as appropriate. b. There are currently no statutory provisions for notification by e-mail. c. Notice of the application and any hearings that are set is not information generally provided by a physician. It is substantially different from the information that the physician will discuss with the caregiver.
Joe Sison, M.D.	Overall, the entire set of documents looks good	No response required.

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Commentator	Comment Excerpt or Summary	Committee Response
Medical Director Sacramento County Child and Family Mental Health Associate Professor, UC Davis School of Medicine	and is an improvement from the previous JV-220.	
Leah van Lingen Program Specialist Child Welfare, County of San Diego	a. Numerous technical comments to rule and forms. b. Add child’s Child Abuse Protection and Treatment Act guardian ad litem to list of people who may oppose the application.	a. Modified, as appropriate. b. The rule has been modified to include this provision and for notice to the Child Abuse Protection and Treatment Act guardian ad litem.
Cynthia J. Wojan Juvenile Court Coordinator Superior Court of Solano County	Agree with proposed changes. No specific comment.	No response required.

COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
Ross Andelman, M.D. Chief Psychiatrist Contra Costa Health Services	a. It is inappropriate and burdensome to require physicians to obtain court approval prior to discontinuing medication. References to this requirement should be removed. b. Restrict completion of JV-220 to child welfare or probation staff, offering “other” for unusual situations only.	a. Modified as requested. The issues raised during the comment period revealed a risk of harm from this requirement. b. The proposed format allows the flexibility needed to accommodate the procedures found in various jurisdictions.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	<p>c. Change wording of rule to request information on the “maximum daily dose” instead of the dosage range.</p> <p>d. Delete requirement that child welfare worker or probation notifies the caregiver of the medication request since the physician speaks to them about this.</p> <p>e. Limit notice to biological parents, legal guardians and attorneys of record. No do open this process up to those who have no standing the in the healthcare of a specific child, such as a Court Appointed Special Advocate.</p>	<p>c. Modified as requested.</p> <p>d. The caregiver needs to be notified of any hearings as well as have an opportunity to know that the request has been filed. Discussion with the physician does not provide this information.</p> <p>e. This issue was discussed at length, and the committee concluded that notification of the individuals listed in the proposed rule will ensure compliance with due process requirements. In addition, notification to the caretaker and the child’s Court Appointed Special Advocate, who often have relevant information regarding the child’s day-to-day functioning, will provide each of them with the opportunity to provide that information to the court.</p>
Elena Braverman, M.D. Child and Adolescent Psychiatrist EMQ Children and Family Services	I strongly oppose the proposal that physicians obtain court approval to discontinue medications. This requirement would not achieve the stated goal of ensuring that children are not discharged from the dependency system without proper arrangements for the administration of psychotropic medication. Transition planning is the responsibility of the caseworker and/or caretaker. Adding the discontinuation requirement is a dangerous intrusion into medical practice that places physicians in the position of being unable to	Modified as requested. See comments above.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	practice ethically. It also unnecessarily expands court authorization and informed consent. Placing this additional burden on psychiatrists will discourage physicians from participating in the court system and reduce clinical time because of additional administrative demands.	
Richard Brazil Social Worker Supervisor Butte County Department of Social Services	I am strongly opposed to requiring an order to stop administering psychotropic medication. This is micromanaging and it is unwieldy to have to come to court whenever medication is stopped. We have historically had the court order state the dosage could be zero to some specified dosage so that the physician could stop it if indicated.	Modified as requested. See discussion above.
L. David Casey Senior Deputy Office of the San Diego County Counsel	<p>a. Requiring authorization to discontinue medication could cause a delay in stopping medication while waiting for court authorization. This could be problematic when first starting a child on medications because sometimes it takes two or three tries to find the right medication.</p> <p>b. The rule should state clearly how long the court has to rule and how to calculate the period that people have to file an opposition.</p> <p>c. Using the term dosage range is vague, but</p>	<p>a. Modified as requested. See discussion above.</p> <p>b. The statutory mandate of Welfare and Institutions Code section 369.5(c), which requires the court to approve, deny, or set the matter for hearing within seven court days from receipt of the completed application, has been incorporated in the rule. Courts have not reported that calculation of the period to file an opposition is an issue.</p> <p>c. Language modified to request “Maximum daily dosage.”</p>

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Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A, and adopt forms: JV-219-INFO, JV-220(A,) JV-221, JV-222, and JV-223)

COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	<p>does ease paperwork burden for physicians since they can work within a range.</p> <p>d. Could a de facto parent oppose? Could a CASA oppose? They are not listed in the rule.</p>	<p>d. No, they cannot oppose.</p>
<p>Lisa M. Cullins, M.D. Corporate Medical Director EMQ Children and Family Services</p>	<p>We strongly oppose the proposal that physicians obtain court approval to discontinue medications. This requirement does not support the stated goal of ensuring transition planning. It is a dangerous intrusion into medical practice. It unnecessarily expands court authorization and informed consent, while discouraging physicians from participating in the court system.</p>	<p>Modified as requested. See discussion above.</p>
<p>Steven Dickerson</p>	<p>I am concerned that including the requirement that the court must authorize the discontinuation of medication cause problems in emergency situations where children have a crisis and need their medication changed.</p>	<p>Requirement for discontinuation of medication removed. See discussion above.</p>
<p>Fran Edelstein, Ph.D. Mental Health Consultant California Alliance of Child and Family Services</p>	<p>a. The California Alliance strongly urges the Judicial Council to eliminate the proposed requirement for court authorization for the discontinuation of psychotropic medication. The proposed requirement is a dangerous intrusion into medical practice that places physicians in the position of being unable to practice both ethically and effectively. It is unacceptably dangerous and not in the best interest of the child for physicians to be unable to discontinue</p>	<p>a. Modified as requested. See discussion above.</p>

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Juvenile Law: Psychotropic Medication Forms and Rule (amend Cal. Rules of Court, rule 5.640; revise form JV-220; revoke form JV-220A, and adopt forms: JV-219-INFO, JV-220(A,) JV-221, JV-222, and JV-223)

COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	<p>medication when they feel that it is necessary. It would also increase the administrative burden on the small number of child psychiatrists willing to serve foster children.</p> <p>b. 5.640(c)(1) - The court should not require the physician to complete the JV-220(A). Other professionals could complete it and the physician could sign the form to indicate that the information accurately reflects the physician’s information and request.</p> <p>c. 5.640(c)(2)(B)—“Anticipated” should not be eliminated from the phrase “length of time this course of treatment will continue” as physicians cannot know how long the course of treatment will actually be.</p>	<p>b. Eliminating the requirement that the physician complete the JV-220(A) is contrary to the intent of the legislation. Completion of the form by someone other than the physician could result in the submission of less detailed information and the unintentional omission of critical information.</p> <p>c. The working group and advisory committee decided that it was a best practice to request definitive time frames, thus reducing the chance that medication is inadvertently given for longer periods than originally intended without proper judicial oversight.</p>
<p>Mark Edelstein, M.D. Child and Adolescent Psychiatrist</p>	<p>a. I am gravely concerned about the provision that requires court authorization to discontinue a medication. Medications are discontinued for a variety of reasons—ineffectiveness, side effects, new risk (e.g., if a girl become pregnant), misuse by patient, etc. —and waiting for weeks for the court to “allow” the medication to be discontinued is not in the child’s interest. The proposal improperly expands the notion of informed consent. The court is acting in loco parentis, but the doctor does not require a</p>	<p>a. Modified as requested. See comments above.</p>

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	<p>parent’s consent to stop prescribing a medication. A doctor cannot ethically continue a medication that is ill advised just because someone else insists on it, and no ethical practitioner would follow this rule. The inclusion of this provision would expand judicial involvement in medical decision-making, even though judges have no medical background and have often expressed concern about their ability to make these decisions. Moreover, this provision does not achieve the goal of ensuring that children being discharged from the dependency or delinquency system have continuity of care.</p> <p>b. Modify “dosage range” in subsection (c)(2)(B) to conform to “maximum daily dosage” as used in the medication chart on form JV-220(A).</p>	<p>b. Modified as suggested.</p>
<p>Celia Engelman, LCSW Senior Director of Campus Programs San Diego Center for Children</p>	<p>Requiring physicians to obtain court approval prior to discontinuing medication will hurt foster children. Physicians will be less willing to treat this population and, as a result, appropriate care will be denied to the foster children who desperately need it.</p>	<p>Modified as requested. See comments above.</p>
<p>Suzanna Gee Associate Managing Attorney Protection and Advocacy, Inc.</p>	<p>The rule should require including language in the application that sets out the purpose of each medication and information on the common side effects.</p>	<p>These requirements are in the current rule, and the proposed rule and forms request this information. Physicians may either indicate the common side effects or attach an information sheet on the medication that addresses the side effects.</p>

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
Vasanta Giri, M.D. Psychiatrist Lincoln Child Center	Continuity of care will not be served by requiring doctors to seek the court’s authorization to discontinue medication. The welfare workers should be entrusted with the responsibility of assuring continuity of care.	Modified as requested. See comments above.
Sandhya Guadapati, M.D. Medical Services Director Crittenton Services for Children and Families	I oppose requiring court authorization to discontinue medication. This requirement can cause unnecessary delays for the discontinuation of medication for patients who have an allergic reaction, who are not adequately responding to the medication, and/or miss using the medication. It infringes on the treatment jurisdiction of physicians, and it is an unnecessary use of limited time and resources.	Modified as requested. See comments above.
Diane Harris, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	Requiring consent to discontinue psychotropic medication is concerning. Side effects can develop quickly and it is necessary to be able to discontinue medication when indicated, sometimes immediately. The need for court consent would hinder good medical care and can make the process unduly cumbersome and potentially dangerous. A court order to stop medication would not ensure that doctors will comply with their duty to make sure that their clients are provided with resources to obtain ongoing services once they leave the dependency system.	Modified as requested. See comments above.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
Emmeline Hazaray, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	I strongly oppose the proposal that physicians obtain court approval to discontinue medications. This requirement would not achieve the stated goal of ensuring that children are not discharged from the dependency system without proper arrangements for the administration of psychotropic medication. Adding the discontinuation requirement is a dangerous intrusion into medical practice that places physicians in the position of being unable to practice ethically. It also unnecessarily expands court authorization and informed consent. By placing this additional burden on psychiatrists, it will discourage physicians from participating in the court system and reduce clinical time because of additional administrative demands.	Modified as requested. See comments above.
Robert Horst, M.D. Medical Director CAPS Clinic Sacramento County Child and Adolescent Psychiatric Services	I do not agree with requiring a request to stop psychotropic medication. I believe this is unsafe, unpractical, and unethical. There are number reasons why a medication is discontinued by a physician, I cannot think of any situation in which the court would be justified in denying a request by a physician to stop a medication they prescribed.	Modified as requested. See comments above.
Dennis B. Jones Court Executive Officer Superior Court of Sacramento County	The rule of court should reference that the forms may be used in delinquency cases.	Subdivision (i) provides for the forms' application to wards.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
Debra Kalan, M.D. Child and Adolescent Psychiatrist Star View Community Services	I disagree with the requirement for court authorization to discontinue medication. Medication is discontinued for many different reasons. Ideally, it is discontinued over time, but often medication is discontinued abruptly because of side effects or reactions to the medication. Frequently, caregivers discontinue it without the participation of the prescribing psychiatrist.	Modified as requested. See comments above.
Corene Kendrick Staff Attorney Youth Law Center	The definition of when the emergency administration of psychotropic medication is authorized is too broad. The rule should be revised to narrow the definition.	The definition of “emergency” was thoroughly reviewed by the working group. The proposed definition, which imposes several requirements before administration of medication, is believed to achieve the appropriate balance between being too restrictive and overly broad.
Edmund C. Levin, M.D.	The requirement that the court must authorize the discontinuation of a medication is a serious problem. It can take too long to get the authorization and the patient is harmed by this.	Modified as requested. See comments above.
Martha Matthews Writ Attorney Children’s Law Center of Los Angeles	a. The deadline for filing the opposition should be changed from two days to four days since it can be difficult for children’s attorneys to contact their clients, caretakers, and service providers to determine if they should oppose the application. b. The wording of the emergency requirement before discontinuing medication should be changed.	a. The need for an expeditious decision regarding medication outweighs the inconvenience that the two-day time frame may impose on the child’s attorney. b. This requirement has been removed.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	c. The form should be revised to indicate that the child was advised about the medication in an age appropriate manner.	c. Modified as requested.
Barry Miller, M.D. Child and Adolescent Psychiatrist Contra Costa Health Services	I strongly recommend that the committee remove the requirement that the court authorize the discontinuation of medication. The decision to stop a medication is clearly a medical one and a psychiatrist would not surrender their medication responsibility and judgment to the legal system.	Modified as requested. See comments above.
Rubina Najeeb, M.D. Staff Psychiatrist Star View Community Services	Requiring court authorization before discontinuing medication is a dangerous move that works against the best interest of the patient.	Modified as requested. See comments above.
Les Nyman, M.D. Child and Adolescent Psychiatrist Five Acres	The requirement that the physician seek court authorization before discontinuing medication is superfluous and time-consuming.	Modified as requested. See comments above.
Kathleen A. O'Connor Assistant County Counsel Sacramento Department of Health and Human Services	Disagrees with requiring court permission prior to discontinuing medication.	Modified as requested. See comments above.
James M. Owens, Esq. Assistant County Counsel Office of the County Counsel Dependency Division (Los Angeles)	Change wording regarding the emergency discontinuation of medication.	This requirement has been removed and the wording changed to reflect this modification.
Jim Roberts Chief Executive Officer Family Care Network, Inc.	Requiring court authorization to discontinue medication will not accomplish the court's intent. Moreover, it is a dangerous intrusion into medical practice that will unnecessarily expand	Modified as requested. See comments above.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	court authorization and informed consent and may act to drive qualified physicians out of the area of treating foster children.	
Karen Roebuck Deputy County Counsel On behalf of Humboldt County Probation Department	We do not agree with the proposed rule change to require court authorization for the discontinuation of medication. It does not make sense to impose this process on what is generally the goal of treatment nor does it allow for the situation where the child is refusing to take medication. Moreover, the stated purpose of including this provision is not served by this requirement.	Modified as requested. See comments above.
Heidi Sulmon-Smith, M.D. Staff Child and Adolescent Psychiatrist EMQ Children and Family Services	I strongly oppose the proposal that physicians obtain court approval to discontinue medications. This requirement would not achieve the stated goal of ensuring that children are not discharged from the dependency system without proper arrangements for the administration of psychotropic medication. Adding the discontinuation requirement is a dangerous intrusion into medical practice that places physicians in the position of being unable to practice ethically. It also unnecessarily expands court authorization and informed consent. By placing this additional burden on psychiatrists, it will discourage physicians from participating in the court system and reduce clinical time because of additional administrative demands.	Modified as requested. See comments above.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
Joe Sison, M.D. Medical Director Sacramento County Child and Family Mental Health Associate Professor, UC Davis School of Medicine	I am very concerned about the requirement to seek an order to discontinue psychotropic medication. This can be very dangerous. If a patient has a bad reaction to the medication, it would be dangerous to have to wait for a court order to allow the physician to stop medications. Even in a “non-emergency” situation, it would be unethical for a physician to continue to prescribe the medication while awaiting the court authorization. Issues could arise where psychiatrists will continue the medication for fear of getting in trouble with the court and the medication may end up harming the child.	Modified as requested. See comments above.
Jennifer Troia Director of Advocacy California CASA Association	Amend the rule to provide for notice to the child’s CASA of the filing of the application.	Modified as requested.
Leah van Lingen Program Specialist Child Welfare, County of San Diego	a. Requiring court approval prior to discontinuing medication could produce an unnecessary delay in stopping medication. b. Rule should indicate how long the court has to rule on the motion.	a. Modified as requested. See comments above. b. The statutory mandate of Welfare and Institutions Code section 369.5(c), which requires the court to approve, deny, or set the matter for hearing within seven court days from receipt of the completed application, have been incorporated in the rule. Courts have not reported that calculation of the period to file an opposition is an issue.
Isabelle Voit Chief Probation Officer Solano County Probation Department	The code indicates that normally the social worker completes form JV-220. However, since the form is for optional use in delinquency cases, the rule should incorporate reference to	Modified as requested.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated rule 5.640—Psychotropic medications		
Commentator	Comment Excerpt or Summary	Committee Response
	the probation officer completing the form.	
Harry C. Wang, M.D., et al. Psychiatric Director River Oak Center for Children	We strenuously oppose the requirement that physicians obtain court authorization to discontinue medication. If there was a disagreement between physician and court, for clinical and ethic reasons, we would not be able to provide care if we were “forced” by the court to continue medication against our judgment.	Modified as requested. See comments above.
Kim Weleba, R.N. Nursing Supervisor Hillsides Home for Children	I oppose the proposal to require a psychiatrist to request permission from the court to discontinue a medication. This additional requirement is burdensome and has no benefit.	Modified as requested. See comments above.
Lesley Wilson, Ph.D. Psychologist MCSTART	The proposed change to require court authorization to discontinue medication will result in physicians refusing to treat foster children. No ethical psychiatrist will prescribe a medication if he cannot stop its use immediately in the case of side effects or untoward reactions.	Modified as requested. See comments above.

COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated form 220(A)—Prescribing Physician’s Statement—Attachment		
Commentator	Comment Excerpt or Summary	Committee Response
Ross Andelman, M.D. Chief Psychiatrist	a. Add a space for the child’s name.	a. Modified as requested.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated form 220(A)—Prescribing Physician’s Statement—Attachment		
Commentator	Comment Excerpt or Summary	Committee Response
Contra Costa Health Services	<p>b. Remove all references in form to requiring the form’s use for the discontinuation of medication.</p> <p>c. Eliminate item 5b which allows for the request to be based upon an evaluation by someone other than the prescribing physician.</p> <p>d. Use checkboxes to describe the child’s diagnosis.</p> <p>e. Delete item requiring a list of medications to discontinue.</p> <p>f. Reword item 16 to read, “Please list all known psychotropic medications previously taken by the child or current medications to be stopped.”</p>	<p>b. Modified as requested. See comments above.</p> <p>c. Some jurisdictions use nurse practitioners or other professionals who work in conjunction with the prescribing physician.</p> <p>d. The prevailing preference among working group and committee members is to provide lines rather than checkboxes.</p> <p>e. The wording of the item has been modified to eliminate the requirement that discontinuation needs to be authorized. A separate list of medications to be stopped if the request is granted allows for an easy overview of all medication changes the child will experience.</p> <p>f. Item 16 is modified to better reflect the recommended wording.</p>
L. David Casey Senior Deputy Office of the San Diego County Counsel	<p>a. Why is information sought on ethnicity? Do medications affect different races differently? For demographic statistics?</p> <p>b. A check box should be added to the item requesting information on side effects to confirm that something has been attached. Lines should be added to the form to allow for a psychiatrist to write in the side effects.</p>	<p>a. Many psychiatrists on the working group felt that this was important information for purposes of diagnosis and determining the appropriate medication.</p> <p>b. Adding a check box to this item (item 11) would imply that providing the information is optional. It is not. The item was rewritten to emphasize that the information must be attached. Two or three lines on the form would not be sufficient space for the information requested.</p>

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated form 220(A)—Prescribing Physician’s Statement—Attachment		
Commentator	Comment Excerpt or Summary	Committee Response
	<p>c. The administration schedule should be mandatory, not optional.</p> <p>d. What does the asterisk on the chart go to?</p> <p>e. The last item on the form reads, “The psychotropic medications . . . taken by the child in the past (more than 6 months ago).” Where would the last six months be listed? Should this read, “within the last six months.” What is intent here?</p>	<p>c. The recommendation of the physicians on the working group was to include this as an optional item as it is not critical information in most situations.</p> <p>d. The asterisk goes to “Treatment duration” and clarifies that the duration identified by the physician is the maximum period of time that the child may be on the medication without further court approval. The wording of the asterisked phrase was modified to provide further clarification of its purpose.</p> <p>e. The medication that the child is currently taking but will be discontinuing is to be listed in item 16. The last item on the form is reserved for listing medications that the child has taken in the past but is not currently taking and the reason the medication was discontinued.</p>
Hon. Tari L. Cody Juvenile Dependency Judge Superior Court of Ventura County	The new form, which requires doctors to actually fill in information rather than have as many check boxes, will not be completed adequately by the doctors. This will delay authorizing medication or result in signed orders that do not contain this information.	While the proposed form does contain fewer check boxes, the change is not anticipated to substantially add to physicians’ administrative burden. Many physicians have indicated that they appreciate the opportunity to provide an explanatory sentence or two, rather than being limited in their responses. The additional information gathered will improve judicial decisionmaking as well as allow consultants to reach a more informed opinion.
Fran Edelstein, Ph.D. Mental Health Consultant California Alliance of Child and Family Services	a. “Gender” should be moved to the JV-220 where the child’s other identifying information is included.	a. The child’s gender as well as date of birth, current weight, current height, and ethnicity can be critical information for a consultant to have when forming an opinion about the requested course of treatment. This information is included on the JV-220(A) rather than the JV-220 because the JV-220(A) is completed by the prescribing physician, which may be the only portion of the application reviewed

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated form 220(A)—Prescribing Physician’s Statement—Attachment		
Commentator	Comment Excerpt or Summary	Committee Response
	b. “Relevant Laboratory Test Performed or Ordered” should be removed. It is an optional item that counties can add to their attachments if they want this information.	by a consultant. b. It is anticipated that the popularity of this optional item, as expressed by representatives from several counties, warrants its inclusion on JV-220(A).
Mark Edelstein, M.D. Child and Adolescent Psychiatrist	Insert a 2–3 line section for the physician to make additional comments about the medication strategy. It helps the court in complex situations and the doctor is more likely to provide this information if he or she can type in an explanatory sentence or two than if he or she must prepare an attachment in order to add the information.	Modified as requested.
Robert Horst, M.D. Medical Director CAPS Clinic Sacramento County Child and Adolescent Psychiatric Services	I do not believe most courts have the medical knowledge to interpret tests such as labs and EKGs.	The form requests a summary of test results, which are more meaningful to laypeople. Moreover, this optional information is potentially useful to consulting physicians.
Dennis B. Jones Court Executive Officer Superior Court Sacramento County	Form JV-220(A) should include a space for the child’s name.	Modified as requested.
Corene Kendrick Staff Attorney Youth Law Center	A subsection should be added to item 9 (anticipated frequency of therapeutic services) to record when the physician will have a follow-up examination of the child.	The inclusion of this information was thoroughly reviewed by the working group, which concluded that it required a level of detail that was not relevant to the determination of whether a judge should consent to the administration of the psychotropic medication. The committee is in agreement with that conclusion.
Les Nyman, M.D. Child and Adolescent Psychiatrist Five Acres	The form will require too much time to complete.	It is not anticipated that the proposed physician attachment will require substantially more time to complete than the current form.

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COMMENTS ABOUT SPECIFIC RULES AND FORMS		
Circulated form 220(A)—Prescribing Physician’s Statement—Attachment		
Commentator	Comment Excerpt or Summary	Committee Response
Kathleen A. O’Connor Assistant County Counsel Sacramento Department of Health and Human Services	a. Omit height, weight, gender, and ethnicity from form. b. Delete information on the child’s medical and medication history that is not necessary for laypeople to have.	a. This can be critical information for a consultant to have when forming an opinion about the requested course of treatment, and thus they are included on the form. b. This information can be extremely helpful to consultants.
Michael Schertell, LMFT Program Manager II Juvenile Court Behavioral Health Services, County of San Bernardino	a. Add item requesting the Axis III diagnosis. b. Add “treatment plan” to reason for stopping medication. c. Add an “unknown” box to the item requesting a list of prior medications. d. Add “Alternative Medication” option to the medication chart.	a. This information is adequately addressed in item 8. b. The treatment plan is addressed elsewhere in the form. c. The physician can write “unknown” on the line, when appropriate. d. The level of specificity required for court authorization dictates that if the physician wishes to change medications, a new request needs to be filed.
Joe Sison, M.D. Medical Director Sacramento County Child and Family Mental Health Associate Professor, UC Davis School of Medicine	a. Remove items about discontinuation of medication so that permission for the discontinuation of medication is not listed as a requirement on the form. b. The information about laboratory tests should not weigh significantly on the approval or denial process in courts where there is no child psychiatrist consultant.	a. Modified as requested. b. No response required.

Welfare and Institutions Code section 369.5.

(a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) (1) In counties in which the county child welfare agency completes the request for authorization for the administration of psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.

(2) Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.

(c) Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

(d) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(e) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

2007 California Rules of Court

Rule 5.640. Psychotropic medications

(a) Definition (§ 369.5(b))

For the purposes of this rule, "psychotropic medication" means those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(Subd (a) amended effective January 1, 2007.)

(b) Authorization to administer (§ 369.5)

Once a child is declared a dependent child of the court and is removed from the custody of the parents or guardian, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child.

(c) Procedure to obtain authorization

An application must be completed and presented to the court, using *Application and Order for Authorization to Administer Psychotropic Medication-Juvenile* (form JV-220).

- (1) If possible, the physician recommending that the medication be administered to the dependent should sign the application. The social worker may act as applicant and sign the application, with an attachment or notation identifying the physician who is requesting the authorization.
- (2) The application must include all of the following:
 - (A) The diagnosis of the child's condition that the physician asserts can be treated through the administration of the medication;
 - (B) The specific medication recommended, with the recommended dosage and anticipated length of time this course of treatment will continue;
 - (C) The anticipated benefits to the child of the use of the medication;
 - (D) A description of possible side effects of the medication;
 - (E) A list of any other medications, prescription or otherwise, that the child is currently taking, and a description of any effect these medications may produce in combination with the psychotropic medication;

- (F) A description of any other treatment plans for the child that are relevant to the medication regimen (e.g., discontinuing or reducing presently prescribed medications; group or individual therapy);
 - (G) A statement that the child has been informed of the recommended course of treatment, the basis for it, and its possible results. The child's response must be included; and
 - (H) A statement that the child's parents or guardian have also been informed as in (G), or a statement describing efforts to inform the parents. The response of any parent or guardian must be included.
- (3) The applicant must notice the attorneys of record and the parties to the proceeding before the submission of the application and make available a copy of *Opposition to Application for Order for Authorization to Administer Psychotropic Medication-Juvenile* (form JV-220A) to those receiving notice.
 - (4) Any attorney or party who opposes the application must file within two court days of notice of application (1) a statement of opposition and (2) notice to all parties and attorneys of record of the opposition.
 - (5) If a party or attorney requests additional information before agreeing to or opposing the application, the request must be noted on the application, and the court may delay its decision to grant, deny, or set the matter for a hearing until the party or attorney is provided with the additional information and communicates to the social worker his or her consent, opposition, or request for a hearing. The social worker must then resubmit the application to the court, noting the response of the party or attorney.
 - (6) The court may grant the application without a hearing or may set the matter for hearing at the court's discretion. If the court sets the matter for a hearing, it is the obligation of the opposing party to notice all other parties at least two court days before the hearing.

(Subd (c) amended effective January 1, 2007.)

(d) Conduct of hearing

At the hearing on the application, the procedures described in rule 5.570 must be followed. The court may deny, grant, or modify the application for authorization and may set a date for review of the child's progress and condition.

(Subd (d) amended effective January 1, 2007.)

(e) Delegation of authority (§ 369.5)

After consideration of the application and attachments and a review of the case file, the court may order that the parent be authorized to approve or deny the administration of psychotropic

medication. The order must be based on the following findings, which must be included in the order: (1) the parent poses no danger to the child, and (2) the parent has the capacity to understand the request and the information provided and to authorize the administration of psychotropic medication to the child, consistent with the best interest of the child.

(f) Continued treatment

If the court grants the request or modifies and then grants the request, the order for authorization is effective until terminated or modified by court order or until 180 days from the order, whichever is earlier. If a progress review is set, it may be by an appearance hearing or a report to the court and parties and attorneys, at the discretion of the court.

(g) Emergency treatment (§ 369(d))

In emergency situations, psychotropic medications may be administered to a dependent with or without court authorization or court delegation of authority to a parent in accordance with section 369(d).

(Subd (g) amended effective January 1, 2007.)

(h) Local forms

Application and Order for Authorization to Administer Psychotropic Medication-Juvenile (form JV-220) and *Opposition to Application for Order for Authorization to Administer Psychotropic Medication-Juvenile* (form JV-220A) must be filed with the court. Additional information may be provided to the court through the use of local forms that are consistent with this rule.

(Subd (h) amended effective January 1, 2007; previously amended effective January 1, 2003.)

(i) Section 601-602 wardships; local rules

A local rule of court may be adopted providing that authorization for the administration of such medication to a child declared a ward of the court under sections 601 and 602 and removed from the custody of the parent or guardian may be similarly restricted to the juvenile court. If the local court adopts such a local rule, then the procedures under this rule apply; any reference to social worker also applies to probation officer.

(Subd (i) amended effective January 1, 2007.)

Rule 5.640 amended and renumbered effective January 1, 2007; adopted as rule 1432.5 effective January 1, 2001; previously amended effective January 1, 2003

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO. : FAX NO.: <i>(Optional)</i> E-MAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY FOR REFERENCE ONLY CURRENT VERSION dtd July 1, 2005 <input type="checkbox"/> Attachments
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
APPLICATION AND ORDER FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC MEDICATION—JUVENILE <input type="checkbox"/> Original <input type="checkbox"/> Request to Extend	CASE NUMBER:

QUESTIONS 1–4 TO BE COMPLETED BY APPLICANT

1. The child is a dependent (Welf. & Inst. Code, § 300) or ward of the court (Welf. & Inst. Code, §§ 601, 602) and has been removed from the parent's physical custody.

2. Child's date of birth: _____ Child's weight: _____ Child's height: _____

3. The child is currently placed in relative's home foster home group home juvenile hall camp home of nonrelative extended family member acute care hospital *(name):* _____ other:

4. Applicant is child's treating physician social worker on behalf of physician probation officer on behalf of physician other *(specify):* _____

and requests the court to:

a. authorize the administration of the psychotropic medications described in item 8 to the child

OR

b. authorize continuation of the administration of the psychotropic medications described in item 8 to the child

OR

c. authorize *(name):* _____

(address): _____

who is the child's parent statutorily presumed parent other parent legal guardian as established by the probate or juvenile court to consent to the administration of psychotropic medications. The child's parent or legal guardian poses no danger to the child and has the capacity to authorize the administration of the medications *(describe basis for this statement):* _____

Date: _____

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF APPLICANT)

Continued on Attachment 4.

CHILD'S NAME: _____	CASE NUMBER: _____
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QUESTIONS 5–13 TO BE COMPLETED BY, OR WITH INFORMATION PROVIDED BY, PRESCRIBING PHYSICIAN

(No psychotropic medications for dependents and wards can be authorized in the absence of court authorization except in an emergency situation as defined by Welf. & Inst. Code, § 369(d).)

5. a. Name of prescribing physician:
 b. Address of prescribing physician:
 Telephone: _____ Fax: _____
 c. Medical specialty of prescribing physician:
 Child/adolescent psychiatry General psychiatry
 Other: _____ Family practice/GP Pediatrics
 d. Date of most recent face-to-face clinical visit:
 Face-to-face clinical visit conducted by (name): _____
 e. Anticipated frequency of follow-up visits with the prescribing physician:
 f. If this application is made during an emergency situation, describe emergency circumstances that allowed for temporary administration pending judicial order:

6. The child has been diagnosed with the following disorders:

- | | |
|--|--|
| a. <input type="checkbox"/> Adjustment Disorder | g. <input type="checkbox"/> Intermittent Explosive Disorder |
| b. <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | h. <input type="checkbox"/> Oppositional Defiant Disorder/Conduct Disorder |
| c. <input type="checkbox"/> Autism/Other Pervasive Developmental Disorder | i. <input type="checkbox"/> Posttraumatic Stress Disorder |
| d. <input type="checkbox"/> Bipolar Disorder | j. <input type="checkbox"/> Schizophrenia/Other Psychotic Disorder |
| e. <input type="checkbox"/> Depressive Disorder With Psychotic Features | k. <input type="checkbox"/> Other: |
| f. <input type="checkbox"/> Dysthymic/Depressive Disorder Without Psychotic Features | |

Continued on Attachment 6.

7. Relevant medical history (*describe, specifying all current nonpsychotropic medications*):

Continued on Attachment 7.

CHILD'S NAME: _____	CASE NUMBER:
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8. List all psychotropic medications:

a. Medications to Rx: <i>NAME</i> (<i>GENERIC OR BRANDS</i>)	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>
b. Medications to continue: <i>NAME</i> (<i>GENERIC OR BRANDS</i>)	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>

CHILD'S NAME: _____	CASE NUMBER: _____
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8. (Continued)

c. Past Psychotropic medications <i>NAME (GENERIC OR BRANDS)</i>	<i>MIN. DAILY DOSE</i>	<i>MAX. DAILY DOSE</i>

Continued on Attachment 8.

9. For 8b. and 8c., answer the following:

- a. Are there viable alternatives to administering psychotropic medications? Yes No
- b. If yes, what are those alternatives?

- c. Have they been tried? Yes No
- d. If yes, what was the response to the alternative treatments?

- e. If the alternative treatments were not tried, explain why:

Continued on Attachment 9.

10. Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included

- a. in a narrative (*Attachment 9a*).
- b. in a document provided by manufacturer or health-care provider or county mental health entity (*Attachment 10b*).

11. Other treatment plans for the child relevant to the medication regimen include group therapy milieu therapy individual therapy other (*explain*):

Continued on Attachment 11.

12. a. The child has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The child's response was agreeable resistant.
(*Child's own written statement may be attached.*)

Continued on Attachment 12a.

b. The child has not been informed of this request because the child is too young and/or lacks the capacity to provide a response.

13. The child's present caregiver has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The caregiver's response was agreeable resistant.

Date: _____ Continued on Attachment 13.

(TYPE OR PRINT NAME) ▶ _____
(SIGNATURE OF PRESCRIBING PHYSICIAN)

CHILD'S NAME: _____	CASE NUMBER: _____
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QUESTIONS 14–17 TO BE COMPLETED BY CONSULTANT PHYSICIAN — APPLICATION REVIEW

14. A physician consulting to the court has has not reviewed this application.
15. Consulting physician review is not required in this county.
16. a. The consulting physician recommends court authorization of requested medications.
 b. The consulting physician does not agree and requests further information.

Date: _____

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF CONSULTING PHYSICIAN)

17. Comments of consulting physician (if any):

QUESTIONS 18–21 TO BE COMPLETED BY SOCIAL WORKER OR JUVENILE PROBATION OFFICER

18. a. The following people have been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

- (1) Parent (name):
 (2) Statutorily presumed parent (name):
 (3) Other parent (name):
 (4) Legal guardian (name):

b. The responses were as follows:

	Does not oppose	Opposes/ requests hearing	Requests more information	No response
(1) <input type="checkbox"/> Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <input type="checkbox"/> Statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <input type="checkbox"/> Other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <input type="checkbox"/> Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 18b.

- c. No notice to the parents or legal guardians is required because parental rights have been terminated.
- d. Parent/guardian (name): _____ has not been informed because whereabouts are unknown.
- e. Parent/guardian (name): _____ has not been informed because (state reasons): _____

19. All attorneys of record have been informed of this request (date/time informed):
 and have been given two court days to respond.

	Does not oppose	Opposes/ Requests hearing	Requests more information	No response
a. <input type="checkbox"/> Attorney for child:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Attorney for parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Attorney for statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Attorney for other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Attorney for legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S NAME: _____	CASE NUMBER: _____
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20. Other professionals who were informed and consulted (*state names and professional relationship to the case*):

21. Other information or comments:

Continued on Attachment 21.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF SOCIAL WORKER OR JUVENILE PROBATION OFFICER)

Telephone No.: _____ Fax No.: _____ E-mail: _____

ORDER

22. The matter is set for hearing within five court days on (*date*): _____ at (*time*): _____
in department: _____

23. The application for authorization to administer psychotropic medications is

a. granted as requested.

b. denied (*specify reason for denial*): _____

c. granted, with the following modifications or conditions (*specify*): _____

24. The court finds that the parent poses no danger to the child and has the capacity to authorize the administration of psychotropic medications, and that the request for such authority is granted

a. as requested.

b. with the following modifications: _____

25. The notice requirements have been met.

26. The notice requirements have NOT been met. Proper notice was not given to: _____

27. This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. Except in an emergency situation, an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications requires the treating physician to submit a new application. A change in the child's placement does not require a new order for psychotropic medication, and a child's course of court-ordered psychotropic medication must remain in effect until the order expires or is terminated or modified by further order of the court.

28. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER OF THE JUVENILE COURT

