

Input on Application for Psychotropic Medication

If you do not agree that the child should take the recommended psychotropic medication and/or continue the psychotropic medication that the child is currently taking, or if you wish to tell the court something about the child or medication, complete this form and file it with the court within four court days of receiving notice of the pending application for psychotropic medication. Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application.

Clerk stamps date here when form is filed.

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

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

② Your relationship to the child: Attorney Caregiver
 CASA Indian Tribe
 Legal Guardian Parent
 Other (explain): _____

③ How long have you known the child? _____
(years) (months) (days)

④ How long has the child lived in your home or facility?

(years) (months) (days)

The child does not live with me.

⑤ The application is opposed because: _____

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:
Date of Birth:

Court fills in case number when form is filed.

Case Number:

Case Number: _____

Child's name: _____

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

7 I am the attorney for the child.

a. I need more time to investigate the application.

b. I need the following information to determine whether to agree with or oppose the application:

c. There is other information the judge should know:

8 Additional information about the child for the court to consider is included on an attached sheet or sheets of paper. (Write "Attachment 5" on top.)

Date:

Type or print name



Sign your name

