JV-221	Proof of Notice of Application	Clerk stamps date here when form is filed.			
	FO, <i>Guide to Psychotropic Medication Forms,</i> for more required forms and the application process.				
of the physic psychotropic application is form JV-217	g parents/legal guardians of the child were notified ian's request to begin and/or to continue administering medication, of the name of each medication, and that an s pending before the court. They were also provided with -INFO, <i>Guide to Psychotropic Medication Forms</i> , a f form JV-219, <i>Statement About Medicine Prescribed</i> and				
	of form JV-222, Input on Application for Psychotropic	Fill in court name and street address:			
Medication.	of form 5 v-222, input on Application for 1 sychol opic	Superior Court of California, County of			
a. Name: Relationsh	^				
	In person D By phone at <i>(specify):</i>				
	ositing the required information in a sealed envelope in ted States mail, with first-class postage prepaid, to the	Fill in child's name and date of birth:			
	wn address (specify):	Child's Name:			
		Date of Birth:			
b. Name:	Date notified:	Court fills in case number when form is filed.			
Relationsh	ip to child:	Case Number:			
	In person By phone at <i>(specify):</i>				
• •	By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address <i>(specify)</i> :				
c. Name:	Date notified:	Relationship to child:			
Manner:	In person By phone at <i>(specify)</i> :				
- 2 1	By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address <i>(specify)</i> :				
2	s were terminated, and the child has no legal parents who	must be informed.			
3 Parent/legal g was not infor	guardian (name):				
4 D Parent/legal g was not infor	guardian (name): med because (state reason):				
medication an <i>Guide to Psyc</i>	urrent caregiver was notified that a physician is asking to t ad that an application is pending before the court. The care chotropic Medication Forms and a blank copy of form JV- r information on how to obtain a copy of the form as follo	giver was provided form JV-217-INFO, 219, <i>Statement About Medicine</i>			

		One Nember		
Child's	s name.	Case Number:		
Child's name:				
	aregiver's name:	Date notified:		
M	anner: In person I By phone at <i>(specify)</i> :			
	By depositing the required information in a sealed envelope in the U prepaid, to the following address	Inited States mail, with first-class postage		
(sp	pecify):			
At the ti	ime of service I was at least 18 years of age and not a party to this ma where the mailing occurred. My residence or business mailing address			
I declare	e under penalty of perjury under the laws of the State of California th	at the foregoing is true and correct.		
Date:				
Type or	print name Sign you	<i>r name</i> Signature follows on page 4.		
6	The child's attorney and the child's CAPTA guardian ad litem, if th attorney, were provided with completed form JV-220, <i>Application f</i> JV-220(A), <i>Physician's Statement—Attachment</i> or completed form <i>Medication—Attachment;</i> a copy of form JV-217-INFO, <i>Guide to F</i> JV-218, <i>Child's Opinion About the Medication;</i> and a blank copy of <i>Psychotropic Medication</i> , as follows:	for Psychotropic Medication; completed JV-220(B), Physician's Request to Continue Psychotropic Medication Forms; a blank form		
a.		Date notified:		
	Attorney's name: 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 (<i>specify</i>):			
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):			
7	The application could result in the child being prescribed three or more concurrent psychotropic medications for 90 days or more. 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 blank copies of <i>Position on Release of Information to Medical Board of California</i> (form JV-228), <i>Background on Release of Information to Medical Board of California</i> (form JV-228), <i>Background on Release of Information to Medical Board of California</i> (form JV-228), as follows:			
	Attorney's name:	Date notified:		
	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 <i>(specify)</i> :			
b.	CAPTA guardian ad litem's name:	Date notified:		
	to the last known address (specify):			
	to the last known address (specify):			

Child's	s name:	Case Number:
8 □ a.	The following attorneys were notified of the physician's request to b psychotropic medication, of the name of each medication, and that at They were also provided with a copy of form JV-217-INFO, <i>Guide t</i> copy of form JV-219, <i>Statement About Medicine Prescribed</i> ; and a b <i>Application for Psychotropic Medication,</i> or with information on how Attorney's name: Attorney for <i>(name)</i> :	n application is pending before the court. o Psychotropic Medication Forms, a blank lank copy of form JV-222, Input on w to obtain a copy of each form as follows: Date notified:
	 Manner: In person By phone at (specify): By depositing the required information and copies of forms JV-2 in the United States mail, with first-class postage prepaid, to the states mail. 	17-INFO and JV-222 in a sealed envelope
b.	Attorney's name:Attorney for <i>(name):</i> Manner: In person By phone at <i>(specify):</i> By depositing the required information and copies of forms JV-2 in the United States mail, with first-class postage prepaid, to the	By fax at <i>(specify):</i>
c.	Attorney's name:	By fax at <i>(specify):</i>
	me of service I was at least 18 years of age and not a party to this mat where the mailing occurred. My residence or business mailing address	
Date:	e under penalty of perjury under the laws of the State of California tha	
9	print name Sign your The child's CASA volunteer was notified of the physician's request to psychotropic medication, of the name of each medication, and that and The CASA volunteer was provided with form JV-217-INFO, Guider copy of form JV-218, Child's Opinion About the Medicine; and a blace Medicine Prescribed, as follows: ASA volunteer (name):	to begin and/or continue administering n application is pending before the court. to Psychotropic Medication Forms; a blank ank copy of form JV-219, Statement About Date notified:
Rev. January	prepaid, to the last known address <i>(specify)</i> :	W 204 Days 2 of 4

Child's name:	Case Number:
10 □ The Indian child's tribe was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. The tribe was also provided with form JV-217-INFO, <i>Guide to Psychotropic Medication Forms</i> , a blank copy form JV-219, <i>Statement About Medicine Prescribed</i> , and a blank copy of form JV-222, <i>Input on Application for Psychotropic Medication</i> .	
Indian Tribe (name):	Date notified:
Manner: In person By phone at <i>(specify)</i> : By	fax at <i>(specify)</i> :

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):

At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business mailing address is:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Type or print name



Sign your name