JV-221 Proof of Notice of Application

Clerk stamps date here when form is filed.

Read form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

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:

1 ☐ The following parents/legal guardians of the child were notified of the physician's request to begin and/or to continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed* and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*.

a. Name: _____ Date notified: _____
Relationship to child: _____
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)*:
_____

b. Name: _____ Date notified: _____
Relationship to child: _____
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)*: _____
_____

c. Name: _____ Date notified: _____ Relationship to child: _____
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)*: _____
_____

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 an application is pending before the court. The caregiver was provided form JV-217-INFO, *Guide to Psychotropic Medication Forms* and a blank copy of form JV-219, *Statement About Medicine Prescribed*, or information on how to obtain a copy of the form as follows:

Case Number:

Child's name: _____

5 Caregiver's 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 following 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* ☐ Signature follows on page 3.

6 ☐ 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 form JV-220, *Application for Psychotropic Medication;* completed JV-220(A), *Physician's Statement—Attachment* or completed form JV-220(B), *Physician's Request to Continue Medication—Attachment;* a copy of form JV-217-INFO, *Guide to Psychotropic Medication Forms;* a blank form JV-218, *Child's Opinion About the Medication;* and a blank copy of form JV-222, *Input on Application for 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):* _____

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 *Position on Release of Information to Medical Board of California* (form JV-228), *Background on Release of Information to Medical Board of California* (form JV-228-INFO), and *Withdrawal of Release of Information to Medical Board of California* (form JV-229), 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):* _____

Case Number:

Child's name: _____

8 ☐ The following attorneys were 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. They were also provided with a copy of form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed*; and a blank copy of form JV-222, *Input on Application for 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 forms JV-217-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 forms JV-217-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 forms JV-217-INFO and JV-222 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 ☐ Signature follows on page 3.

9 ☐ The child's CASA volunteer 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 CASA volunteer was provided with form JV-217-INFO, *Guide to Psychotropic Medication Forms;* a blank copy of form JV-218, *Child's Opinion About the Medicine;* and a blank copy of form JV-219, *Statement About Medicine Prescribed*, 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):* _____
_____

Case Number:

Child's name: _____

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, *Guide to Psychotropic Medication Forms*, a blank copy of form JV-219, *Statement About Medicine Prescribed*, and a blank copy of form JV-222, *Input on Application for Psychotropic Medication*.

Indian Tribe *(name)*: _____ Date notified: _____

Manner: ☐ In person ☐ By phone at *(specify)*: _____ ☐ By fax 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)*: _____

_____

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

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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