

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.

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*): _____

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:

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: _____

Sign your name Signature follows on page 3.

Type or print name

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 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): _____



Case Number: _____

Child's name: _____

- 7 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.

- 8 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): _____

- 9 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

