

Use these Judicial Council forms to ask for an order to give (or to continue giving) psychotropic medication to a child who is a ward or a dependent of the juvenile court and living in an out-of-home placement or in foster care, as defined in Welfare and Institutions Code, section 727.4. Local forms may be used to provide additional information to the court.

*Exception:* These forms are **not** required in these situations:

- If the child lives in an out-of-home facility not considered foster care, as defined by section 727.4, unless a local court rule requires it, or
- If there is a previous court order that gives the child's parent(s) the authority to approve or refuse the medication.

Required Forms	Optional Forms
JV-220 Application for Psychotropic Medication	The child, caregiver, CASA, or Indian tribe wanting to give input to the court may use one of these forms.
JV-220(A) Physician's Statement—Attachment	
JV-220(B) Physician's Request to Continue Medication—Attachment	JV-218 Child's Opinion About the Medicine
JV-221 Proof of Notice of Application	JV-219 Statement About Medicine Prescribed
JV-223 Order on Application for Psychotropic Medication	A person who opposes the proposed medication or who wants to give the court more information may fill out this form:
JV-224 County Report on Psychotropic Medication	
	JV-222 Input on Application for Psychotropic Medication

## Required Forms

### ① Form JV-220, Application for Psychotropic Medication

This form, the *Application*, gives the court basic information about the child and his/her living situation. It also provides contact information for the child's social worker or probation officer.

This form is usually completed by the social worker or probation officer, but is sometimes completed by the prescribing physician or his/her staff, or the child's caregiver.

Whoever completes the form must identify him/herself by name and by signing the form. If the prescribing physician completes this form, s/he must also complete and sign form JV-220(A) or form JV-220(B). (*See below.*)

### ② Form JV-220(A), Physician's Statement—Attachment

This form is used to ask the court for a *new* order. The prescribing doctor fills out this form then gives it to the person who files the *Application* (form JV-220).

This form provides a record of the child's medical history, diagnosis, previous treatments, as well as information about the child's previous experience with psychotropic medications. The doctor will list his/her reasons for recommending the psychotropic medications.

**Emergencies:** A child may **not** receive psychotropic medication without a court order except in an emergency. A doctor may administer the medication on an emergency basis. To qualify as an emergency, the doctor must find

that the child's mental condition requires immediate medication to protect him/her or others from serious harm or significant suffering, and that waiting for the court's authorization would put the child or others at risk. After a doctor administers emergency medication, s/he has 2 days at the most to ask for the court's authorization.

### ③ Form JV-220(B), Physician's Request to Continue Medication—Attachment

This is a shorter version of Form JV-220(A). It may only be used by the same doctor who filled out the most recent JV-220(A) form if s/he is prescribing the same medication with the same maximum dosage. The prescribing doctor fills out this form then gives it to the person who is filing the *Application* (form JV-220).

### ④ Form JV-221, Proof of Notice of Application

This form shows the court that all parties with a right to receive notice were served a copy of the *Application* and attachments, according to rule 5.640 of Calif. Rules of Court.

The person(s) in charge of notice must fill out and sign this form. 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. This occurs when local practices or local court rules require 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 3 of the form. The person(s) in charge of service should use the fastest method of service available so that people can be served on time. E-notice can only be used if the person or people to be e-served agree to it. (Code Civ. Proc. § 1010.6)

#### 5 Form JV-223, Order on Application for Psychotropic Medication

This form lists the court's findings and orders about the child's psychotropic medications. The agency or person who filed the *Application* must provide a copy of the court order approving or denying the *Application* to the child's caregiver.

The copy of the order must be provided (in person or mailed) within two days of when the order is made.

If the court approves the *Application*, the copy of the order must include the last two pages of form JV-220(A) and all of the medication information sheets (medication monographs) that were attached to form JV-220(A).

If the child's placement is changed, the social worker or probation officer must provide the new caregiver with a copy of the order, the last two pages of form JV-220(A), and all of the medication information sheets (medication monographs) that were attached to form JV-220(A).

#### 6 Form JV-224, County Report on Psychotropic Medication

The social worker or probation officer must complete and file this form before each progress review. It has information that the court must review, including the caregiver's and child's observations about the medicine's effectiveness and side effects, information on medication management appointments and other follow-up appointments with medical practitioners, and information on the delivery of other mental health treatments.

This form must be filed at least 10 calendar days before the progress review hearing. If the progress review is scheduled for the same time as a status review hearing, the form must be attached to and filed with the court report.

### Optional Forms

#### 7 Form JV-218, Child's Opinion About the Medicine

The child may use this form to tell the judge about him/herself and his/her opinion about the medicine.

The child may ask someone they trust for help with the form.

The child may also tell the judge how s/he feels in person at the hearing, by letter or through his social worker, probation officer, lawyer, or CASA.

#### 8 Form JV-219, Statement About Medicine Prescribed

The caregiver, CASA, or Indian tribe may use this form to tell the court how they feel about the *Application*, and the effectiveness and side effects of the medicine.

This form must be filed within four court days of receipt of the notice of an *Application*, or before any status review hearing or medication progress review hearing.

This form is not the only way for the caregiver, CASA, or tribe to provide information to the court. The caregiver, CASA, or tribe can also provide input on the medication by letter; talking to the judge at the court hearing; or through the social worker, probation officer, attorney of record, or CASA. A CASA can also file a report under local rule.

#### 9 Form JV-222, Input on Application for Psychotropic Medication

This form may be used when the parent or guardian, the attorney of record for a parent or guardian, the child, the child's attorney, the child's CAPTA guardian ad litem, or the Indian child's tribe does not agree that the child should take the recommended psychotropic medication. This form may also be used to provide input to the court.

Within four court days of service of notice of the pending application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, the child's attorney, the child's CAPTA guardian ad litem, or the Indian child's tribe that disagrees must complete, sign, and file form JV-222 with the clerk of the juvenile court.

The court will make a decision about the child's psychotropic medication after reading the *Application*, its attachments and all statements filed on time. The court is not required to set a hearing if a statement opposed to medication 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, the social worker's attorney, the child's CAPTA guardian ad litem, the child's CASA, if any, and the Indian child's tribe at least two court days before the hearing date. In delinquency matters, the clerk also must provide notice to the child regardless of his or her age, the child's probation officer, and the district attorney.

# JV-218

## Child's Opinion About the Medicine

Clerk stamps date here when form is filed.

You may use this form to tell the judge what you think about the medicine that a doctor wants you to take.

You do not *have to* use this form if you do not want to. There are other ways to tell the judge how you feel. You can:

- Talk to the judge at a hearing or write the judge a letter, or
- Ask your lawyer, social worker, probation officer, or CASA to tell the judge how you feel.

You may ask someone you trust to help you read and fill out this form. And you may add as many pages as you need. If you add extra pages, please put your name and the number of the question you are answering on each extra page.

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 Your name: \_\_\_\_\_  
(first) (middle) (last)

2 Your date of birth: \_\_\_\_\_  
(month) (day) (year)

### Answer these questions about this medicine:

3 Do you know that a doctor wants you to take a medicine?  Yes  No  Not sure

4 Do you know the name and dose of the medicine the doctor wants you to take?  Yes  No  Not sure

5 Have you taken this medicine before?  Yes  No  Not sure

6 Do you want more information before you decide if you want to take it?  Yes  No  
If yes, what do you want to know? \_\_\_\_\_

7 Did anyone tell you how the medicine is supposed to help you?  Yes  No  Not sure

8 Did anyone explain the possible side effects?  Yes  No  Not sure  
If yes, what did they say? \_\_\_\_\_

9 What is your opinion about taking the medicine?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

10 Do you agree to take the medicine?  Yes  No  Not sure

Explain your answer here, if you want to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions about you**

11 List any other treatment or therapy you are doing now:

- None  Individual talk therapy  Family therapy
- Group talk therapy  Counseling at school  Art or play therapy
- Cognitive Behavioral Therapy (CBT or practicing behaviors)
- Other (*list any other treatment here*): \_\_\_\_\_

\_\_\_\_\_

12 What do you like to do for fun?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 What activities would you like to be involved in now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 Say anything else about yourself or the medicine that you want the judge to know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For a 17-Year Old Youth ONLY**

*If you are under 17, skip to the next question.*

15 When you turn 18,

- a. Will you be able to keep the doctor you have now?  Yes  No  Not sure
- b. Will you know how to get this medicine if you want to keep taking it?  Yes  No  Not sure



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

**For a child taking this medicine now**

If you are NOT taking this medicine **now**, skip to the next question.

**16** Do you have any side effects from the medicine?  Yes  No  
 If **Yes**, check below:

Weight gain       Weight loss       Headache       Constipation  
 Problems sleeping       Feeling very sleepy       Nausea       Feel dizzy  
 Other (*list any other side effects here*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**17** I you have side effects, did you tell your doctor?  Yes  No  
 If **Yes**, your doctor's name: \_\_\_\_\_

**18** Did someone help you with this form?  Yes  No  
 If **Yes**, who?  my social worker     my probation officer     my caregiver     my lawyer     my CASA  
 Other (*explain*): \_\_\_\_\_

Check here if you are going to add extra pages to this form. And say how many pages: \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
*Type or print child's name*

▶ \_\_\_\_\_  
*Child signs here*

\_\_\_\_\_  
*Type or print name of other person who helped child fill out form*

▶ \_\_\_\_\_  
*Helper signs here*

**JV-219**

**Statement About Medicine Prescribed**

Clerk stamps date here when form is filed.

You may use this form to give the court input on the request for an order for medication for the youth.

You do not *have to* use this form if you do not want to. There are other ways to give input to the court. You may:

- Send a letter to the judge
- Speak to the judge at the hearing, or
- Ask your lawyer or the child's social worker, probation officer, or CASA to tell the judge how you feel.

You may add pages to this form if you need more space for your answers. Please put the child's name and the number of the question you are answering on each extra page.

**Child's name:** \_\_\_\_\_  
(first) (middle) (last)

① Your name: \_\_\_\_\_  
(first) (middle) (last)

② Your relationship to the child:  Caregiver  CASA  
 Indian Tribe  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)

**Child's Behavior**

⑤ How does the child act at home?  Don't know  
Describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

⑥ How does the child act at school?  Don't know  
Describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**  
\_\_\_\_\_



Child's name: \_\_\_\_\_

7 How does the child interact with friends and peers?  Don't know

Describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 How does the child interact with adults?  Don't know

Describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 How does the child sleep?  Don't know

Describe how well the child sleeps and about how many hours each day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the Child's Treatment Now**

10 List any other treatment the child is doing now:

- None  Individual talk therapy  Family therapy
- Group talk therapy  Counseling at school  Art or play therapy
- Cognitive Behavioral Therapy (CBT or practicing behaviors)
- Other (list any other treatment here): \_\_\_\_\_

11 List all the medicines the child takes regularly now.  Don't know

Name of medicine: \_\_\_\_\_ Dose (if you know): \_\_\_\_\_  
 Name of medicine: \_\_\_\_\_ Dose (if you know): \_\_\_\_\_  
 Name of medicine: \_\_\_\_\_ Dose (if you know): \_\_\_\_\_  
 Other medicines (list here): \_\_\_\_\_

12 Did you meet with the doctor who prescribed the psychotropic medicine?  Yes  No

- If Yes:
- a. Did the doctor explain the medicine's expected benefits, possible side effects, and provide other information about the medicine?  Yes  No
  - b. Did you give the doctor information about the child?  Yes  No
  - c. Do you agree with use of the medication?  Yes  No  Not sure



Child's name: \_\_\_\_\_

**13 Follow-up and Maintenance**

- a. Do you know about the child's follow-up plan with this doctor?  Yes  No
- b. Do you know how to schedule follow-up appointments with this doctor?  Yes  No
- c. Do you know how and where to get the medicine the doctor prescribed?  Yes  No
- d. Do you know how to make sure the child gets to the follow-up appointments?  Yes  No
- e. Do you know how the child is supposed to take this medicine?  Yes  No
- f. Do you know who is in charge of making sure s/he takes the medicine correctly?  Yes  No  
*If Yes, describe here:* \_\_\_\_\_
- g. Do you know what to do if the child has a bad reaction to the medicine?  Yes  No

**14** List below anything else you want the judge to know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fill out questions 15–23 ONLY if the child is taking psychotropic medicine now**

*If the child is not taking this/any psychotropic medicine now, skip to question 24.*

- 15** Does the medicine affect the child's school or ability to learn?  Yes  No  Don't know

*If Yes, describe here:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 16** Does the medicine affect the child's ability to concentrate?  Yes  No  Don't know

*If Yes, describe here:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 17** Does the child have reasonable energy levels throughout the day?  Yes  No  Don't know

*If No, describe here:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 18** Does the medicine affect the child's participation in hobbies or after-school activities?

Yes  No  Don't know

*If Yes, describe here:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

19 Is it easy to get the child to take the medicine?  Yes  No  Don't know  
If No, describe what it's like: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 Does anyone talk to the child about how he or she feels when he or she is on this medicine?  
 Yes  No  Don't know  
If Yes, explain who and how often: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21 Has the child's weight changed with this medicine?  Yes  No  Don't know  
If Yes, check one:  lost weight  gained weight How many pounds? \_\_\_\_\_

22 List any other side effects from the medicine:  
 Headache  Constipation  Confusion  Feel dizzy  
 Problems sleeping  Feeling very sleepy  Nausea  
 Other (list any other side effects here): \_\_\_\_\_  
\_\_\_\_\_

23 List any benefits you have noticed from the child's taking this medicine:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24  Check here if you are going to add extra pages to this form. Any say how many pages: \_\_\_\_\_

Date:

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Caregiver signs here