

Clerk stamps date here when form is filed.

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About 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:

Clerk fills in case number when form is filed.

Case Number:

1 Information about where the child lives:

- a. The child lives with a relative in a foster home
 - with a nonrelative extended family member
 - in a regular group home in a level 12–14 group home
 - at a juvenile camp at a juvenile ranch
 - other (*specify*): _____

b. If applicable, name of facility where child lives: _____

c. Contact information for responsible adult where child lives:

- (1) Name: _____
- (2) Phone: _____

2 Information about the child's current location:

- a. The child remains at the location identified in **1**.
- b. The child is currently staying in:
 - (1) a psychiatric hospital (*name*): _____
 - (2) a juvenile hall (*name*): _____
 - (3) other (*specify*): _____

3 Child's social worker probation officer

- a. Name: _____
- b. Address: _____
- c. Phone: _____ Fax: _____

4 Number of pages attached: _____

Date: _____

Type or print name of person completing this form

Signature

- Child welfare services staff (*sign above*)
- Probation department staff (*sign above*)
- Medical office staff (*sign above*)
- Caregiver (*sign above*)
- Prescribing physician (*sign on page 3 of JV-220(A)*)