

**Proof of Notice: Application Regarding Psychotropic Medication**

Clerk stamps date here when form is filed.

Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

1  The following parents/legal guardians of the child were given notice of the physician's request to begin and/or to continue administering psychotropic medication, the name of each medication, and that a JV-220, *Application Regarding Psychotropic Medication*, and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, or with information on how to obtain a copy of each form.

a. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone at (*specify*): \_\_\_\_\_  
 By depositing the required information and copies of JV-219-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. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone at (*specify*): \_\_\_\_\_  
 By depositing the required information and copies of JV-219-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. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Manner:  In person  By phone at (*specify*): \_\_\_\_\_  
 By depositing the required information and a copy of JV-219-INFO and JV-222 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 a JV-220 and a JV-220(A) are pending before the court as follows:

Caregiver (*name*): \_\_\_\_\_  
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*): \_\_\_\_\_

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

Date: \_\_\_\_\_

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: \_\_\_\_\_

Fill in case number when form is filed.

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

Type or print name

Signature

Signature follows on page 2.



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

7 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 Forms JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*; a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*; and a blank copy of JV-222, *Opposition to Application Regarding 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): \_\_\_\_\_

8 The following attorneys were given notice of the physician's request to begin and/or continue administering psychotropic medication, the medication name, and that a JV-220, *Application Regarding Psychotropic Medication* and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding 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 JV-219-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 JV-219-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 JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

9 The child's CASA volunteer was notified that a JV-220 and a JV-220(A) are pending before the court 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): \_\_\_\_\_

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

\_\_\_\_\_  
 Signature