

**RIVERSIDE COUNTY
DEPARTMENT OF MENTAL HEALTH**

POLICY: 280

SUBJECT: **CONSENT FOR MEDICATION OF COURT WARDS AND
DEPENDENTS NOT UNDER CONSERVATORSHIP**

REFERENCES: SB 543, dated February 19, 1999;
AB 1514, Maze, Ch. 120; W&I 739.5

FORMS: JV-220: Application Regarding Psychotropic Medication (Attachment A); JV-220(A): Prescribing Physician's Statement – Attachment (Attachment B); Riverside County MH Quality Improvement Outpatient Fax Cover Sheet (Attachment C); JV-219-INFO: Information About Psychotropic Medication Forms (Attachment D); JV-221: Proof of Notice: Application Regarding Psychotropic Medication (Attachment E); JV-222: Opposition to Application Regarding Psychotropic Medication (Attachment F); JV-223: Order Regarding Application for Psychotropic Medication (Attachment G).

EFFECTIVE DATE: January 25, 1995

REVISED DATE(S): March 4, 2009 and February 4, 2003

POLICY:

State law requires that all psychiatric medications that are prescribed to Wards and Dependents of the Court who have been removed from the physical custody of his or her parent be first approved by the legally, responsible Juvenile Court. Most Wards and Dependents residing in Riverside County are under the jurisdiction of the Riverside County Juvenile Court. This Court asks that the Riverside County Department of Mental Health (RCDMH) review all requests for clinical appropriateness for psychiatric medication prescription(s) prior to Court review. Consistent with Court mandates, RCDMH's policy includes the following:

- A. Before a Ward or Dependent is prescribed any psychiatric medications, the Juvenile Court must first authorize the request for the Ward or Dependent's specific medications.

- B. An exception to the above can be made when a Physician determines that an emergency exists. In an emergency, a Physician may prescribe psychiatric medications without prior Court approval. However, Court approval must then be requested for the ongoing use of the medications issued in the emergency described herein. Riverside County Juvenile Court recognizes an emergency when a minor poses an imminent danger to himself or others, or when medications are needed immediately to prevent undue suffering.
- C. A *JV-220: Application Regarding Psychotropic Medications* (Attachment A) and *JV-220(A): Prescribing Physician's Statement-Attachment* (Attachment B) must be submitted at the time any new medications (that have not been currently approved by the Court) are to be initiated. A new request form must also be submitted at the time that a currently approved medication is increased to a dosage that is higher than the dosage previously approved by the Court.
- D. Unless otherwise specified by Court order, the Court approval of the specified medications and specified maximum dosage is effective for 180 days. Physicians must submit a new request form before the expiration of the original order.
- E. It is strongly recommended that minors who are receiving psychotropic medication have a physical examination at least every 12 months. If an examination has been done within 12 months, the name of the Physician performing the exam and the results of the exam must be documented in the client's health care record. If an examination has not been done within 12 months, an exam should be ordered.

PROCEDURES:

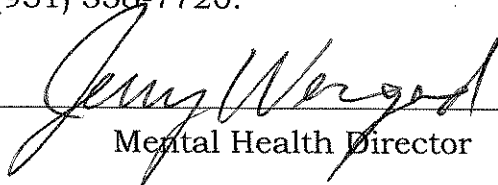
- A. When Court approval is needed, the Physician must fill out a form entitled *JV-220: Application Regarding Psychotropic Medications* (Attachment A). This form is commonly referred to as a Medication Declaration Form or a "Med Dec".
 - 1. The use of this specific form, *JV-220*, was mandated by the State as of January 1, 2008.
- B. Several documents are relevant to this process:
 - 1. Riverside County MH Quality Improvement Outpatient Fax Cover Sheet (Attachment C) is used when faxing the Med. Dec. to the QI office. This cover sheet allows you to request authorizations for ongoing treatment of the Ward or Dependent.

2. JV-219-INFO (Attachment D) describes the Med. Dec. process and how to fill out the form. Please note that this also discusses prescribing medications in an emergency situation and defines *emergency*.
 3. JV-220 (Attachment A) is the first page of the Med. Dec. form and can be filled out by the Physician or an associated staff person.
 4. JV-220(A) (Attachment B) is the main body of the Med. Dec. form. It is three pages and must be completed and signed by the authorized physician.
 5. JV-221 (Attachment E) is a form used by the Court to notify interested parties about the submitted Med. Dec.
 6. JV-222 (Attachment F) is a form that interested parties can submit if they oppose the recommended medications.
 7. JV-223 (Attachment G) is the form the Judge signs after he/she makes a decision.
 - a. All of the JV documents can be found at the website www.courtinfo.ca.gov/forms/allforms.htm. Also, available at the above listed website are versions of the JV-220 and JV-220(A) which can be filled out on the computer. Once completed, this version must still be printed and faxed to the RCDMH Quality Improvement (QI) office. Please note that it is not possible at this time to submit the forms electronically.
 - b. You can go directly to form JV-220 at www.courtinfo.ca.gov/forms/documents/jv220.pdf or directly to form JV-220(A) at www.courtinfo.ca.gov/forms/documents/jv220a.pdf
- C. Please refer to JV-219-INFO for information on how to fill out the forms. In addition, please note the following:
1. Form JV-220:
 - a. It is not necessary to fill in the large box that asks for the Court name and street address. RCDMH QI staff will fill this in. If you know the child's case number, please write that in the appropriate box.

2. Form JV-220(A)

- a. Question 10b asks for relevant lab tests. This is optional and not required in Riverside County.
 - b. Question 11 asks that information about side effects and other clinical information be attached. In lieu of attaching additional documents, you may write below the question "See *RCDMH Medication Guidelines*" if you feel that the clinical issues are discussed adequately in that publication.
 - c. Question 15 the table of requested medications has a column for Administration Schedule; this is optional and not required in Riverside County.
 - d. The Presiding Judge of the Riverside County Juvenile Court has indicated that he will continue to allow that alternative medications may be requested in the event that the medications for immediate use are not effective. These may be listed on JV-220(A) in section 15. When an alternative medication is requested, it must be made clear that it is an alternative medication and it must be specified whether it would be *added* to the currently used medications or whether it would be *substituted* for another specific medication.
- D. Fax the completed Med. Decs. (both JV-220 and JV-220[A] together) to the RCDMH QI office at 951-358-7710. Generally, the Med. Decs. will be reviewed within one (1) business day for completeness and any possible clinical concerns by the RCDMH QI Psychiatrist before being forwarded to the Court for final processing. It typically takes several days for the Court to render its decision. The Court will notify the QI office of its decision and the QI office will then promptly notify the requesting Physician.
- E. If there are questions about Med. Decs., please contact the RCDMH QI office at (951) 358-7720.

Approved by: _____



Mental Health Director

Date: 3-4-09

Attachments

JV-220: Application Regarding Psychotropic Medication (English/Spanish), Attachment A;

JV-220(A): Prescribing Physician's Statement - Attachment (English/Spanish), Attachment B;

Riverside County MH Quality Improvement Outpatient Fax Cover Sheet,
Attachment C;

JV-219-INFO: Information About Psychotropic Medication Forms
(English/Spanish), Attachment D;

JV-221: Proof of Notice: Application Regarding Psychotropic Medication
(English/Spanish), Attachment E;

JV-222: Opposition to Application Regarding Psychotropic Medication
(English/Spanish), Attachment F;

JV-223: Order Regarding Application for Psychotropic Medication
(English/Spanish), Attachment G.

JV-220

**Application Regarding
Psychotropic Medication**

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.

Clerk stamps date here when form is filed.

- 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: _____

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:

- 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)*)

JV-220 S

Solicitud relacionada con medicamentos psicotrópicos

Adjunte el formulario JV-220(A), *Declaración del médico que receta—Adjunto*, llenado y firmado con todos sus adjuntos, antes de presentar este formulario a la corte. Lea el documento JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

- 1 Información acerca de donde vive el niño:
- a. El niño vive con un familiar en un hogar de crianza
- con un miembro de la familia extendida que no es pariente
- en un hogar de grupo regular en un hogar de grupo de nivel 12-14
- en un campamento para jóvenes en un rancho para jóvenes
- otro (*especifique*): _____
- b. Si corresponde, nombre de la institución donde vive el niño: _____
- c. Información de contacto del adulto responsable donde vive el niño:
- (1) Nombre: _____
- (2) Teléfono: _____

- 2 Información acerca de la ubicación actual del niño:
- a. El niño sigue en el lugar identificado en 1.
- b. El niño está actualmente en:
- (1) un hospital psiquiátrico (*nombre*): _____
- (2) un centro juvenil (*nombre*): _____
- (3) otro (*especifique*): _____

- 3 Trabajador social del niño Funcionario de libertad condicional del niño
- a. Nombre: _____
- b. Dirección: _____
- c. Teléfono: _____ Fax: _____

4 Número de páginas adjuntas: _____

Fecha: _____

Escriba a máquina o letra de molde el nombre de la persona que llenó este formulario

Sólo para información

Firma

- Personal de servicios de bienestar infantil (*firme arriba*)
- Personal del departamento de libertad condicional (*firme arriba*)
- Personal del consultorio médico (*firme arriba*)
- Encargado de atención (*firme arriba*)
- Médico que receta (*firme en la página 3 de JV-220(A)*)

El secretario pone el sello de la fecha aquí cuando se presenta el formulario.

Sólo para información

No entregue a la corte

Escriba el nombre y la dirección de la corte:

Corte Superior de California, condado de

Escriba el nombre y fecha de nacimiento del niño:

Nombre del niño:

Fecha de nacimiento:

El secretario pone el número de caso cuando se presenta el formulario.

Número de caso:

No entregue a la corte

JV-220(A)

**Prescribing Physician's
Statement—Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

- 1 Information about the child (*name*): _____
 Date of birth: _____ Current height: _____ Current weight: _____
 Gender: _____ Ethnicity: _____
- 2 Type of request:
 a. An initial request to administer psychotropic medication to this child
 b. A request to continue psychotropic medication the child is currently taking
- 3 This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:

- 4 Prescribing physician:
 a. Name: _____ License number: _____
 b. Address: _____
 c. Phone numbers: _____
 d. Medical specialty of prescribing physician:
 Child/adolescent psychiatry General psychiatry Family practice/GP Pediatrics
 Other (*specify*): _____

- 5 This request is based on a face-to-face clinical evaluation of the child by:
 a. the prescribing physician on (*date*): _____
 b. other (*provide name, professional status, and date of evaluation*): _____

- 6 Information about child provided to the prescribing physician by (*check all that apply*):
 child caregiver teacher social worker probation officer parent
 records (*specify*): _____
 other (*specify*): _____

7 Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.

Case Number: _____

Child's name: _____

8 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):

9 Therapeutic services, other than medication, in which the child will participate during the next six months (check all that apply; include frequency for group therapy and individual therapy):
a. Group therapy: _____ b. Individual therapy: _____
c. Milieu therapy (explain): _____
d. Other modality (explain): _____

10 a. Relevant medical history (describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):

b. Relevant laboratory tests performed or ordered (optional information; provide if required by local court rule):
 kidney function liver function thyroid function UA glucose lipid panel
 CBC EKG pregnancy medication blood levels (specify): _____
 other (specify): _____

11 **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

12 a. The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was agreeable other (explain): _____
b. The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:
(1) the child is too young.
(2) the child lacks the capacity to provide a response (explain): _____
(3) other (explain): _____

13 The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was agreeable other (explain):

14 Additional information regarding medication treatment plan: _____



Case Number:

Child's name: _____

- 15 List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	C or N	Maximum total mg/day	Treatment duration*	Administration schedule (optional) • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: Targets:				
Med: Targets:				
Med: Targets:				
Med: Targets:				
Med: Targets:				
Med: Targets:				

*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

- 16 List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	Reason for stopping

- 17 List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	Reason for stopping

Date: _____

Type or print name of prescribing physician

▶

Signature of prescribing physician

JV-220(A) S Declaración del médico que receta—Adjunto

Número de caso:
Sólo para información

Este formulario tiene que ser llenado y firmado por el médico que receta. Lea JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

1 Información acerca del niño (*nombre*): _____
Fecha de nacimiento: _____ Estatura actual: _____ Peso actual: _____
Género: _____ Grupo étnico: _____

2 Tipo de solicitud:
a. Solicitud inicial para aplicar medicamentos psicotrópicos a este niño
b. Solicitud para continuar con los medicamentos psicotrópicos que toma actualmente el niño

3 Esta solicitud se hace durante una situación de emergencia. Las circunstancias de emergencia que requieren la aplicación temporal de medicamentos psicotrópicos pendiente la decisión de la corte sobre esta solicitud son:

4 Médico que receta:
a. Nombre: _____ Número de licencia: _____
b. Dirección: _____
c. Teléfonos: _____
d. Especialidad médica del médico que receta:
 Psiquiatría infantil/para adolescentes Psiquiatría general Práctica familiar o general Pediatría
 Otra (*especifique*): _____

5 Esta solicitud se basa en una evaluación clínica en persona del niño por parte de:
a. el médico que receta el (*fecha*): _____
b. otro (*nombre del proveedor, situación profesional y fecha de la evaluación*): _____

6 La información acerca del niño fue provista al médico que receta por (*marque todo lo que corresponda*):
 niño persona que cuida maestro trabajador social
 funcionario de libertad condicional padre o madre
 registros (*especifique*): _____
 otro (*especifique*): _____

7 Describa los síntomas del niño, incluyendo la duración, así como la respuesta del niño a cualquier medicamento psicotrópico actual. Si el niño no toma medicamentos psicotrópicos actualmente, describa las alternativas de tratamiento a la aplicación propuesta de medicamento psicotrópico que se ha intentado con el niño en los últimos seis meses. Si no se han intentado alternativas, explique los motivos por no hacerlo.





3840 Myers Street
Riverside, Ca 92503
Phone: (951) 358-7720
Fax: (951) 358-7710

**Riverside County MH
Quality Improvement
Outpatient**

This fax cover sheet must be completed and used when submitting a Medication Declaration.

Date: _____

To: Quality Improvement Outpatient

Fax # (951) 358-7710

From: _____

Address _____

Phone # _____

Fax # _____

Client Name: _____

Social Security # of client _____

Page 1 of _____ pages

PROPOSED TREATMENT AND FOLLOW UP SERVICES	
Referral Source:	<input type="checkbox"/> ACT <input type="checkbox"/> CAT <input type="checkbox"/> TRACT
Psychiatric Evaluation _____	Session(s) per week/month for _____ weeks/months (15, 30, 60 min.)
Collateral Visit _____	Session(s) per week/month for _____ weeks/months (30, 60 min.)
Collateral Sessions with: _____	

CAUTION: The information contained in this facsimile message is confidential and intended solely for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, copying, or unauthorized use of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the facsimile message to the sender at the above address via the United States Postal Service. Thank you.

JV-219-INFO Information About Psychotropic Medication Forms

Use the Judicial Council forms listed below when requesting an order regarding psychotropic medication. Local forms may be used to provide additional information to the court.

- JV-220, *Application Regarding Psychotropic Medication*
- JV-220(A), *Prescribing Physician's Statement—Attachment*
- JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*
- JV-222, *Opposition to Application Regarding Psychotropic Medication*
- JV-223, *Order Regarding Application for Psychotropic Medication*

General Instructions

- 1 Use psychotropic medication forms when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order:
 - a. giving permission for the child to receive a psychotropic medication that is not currently authorized *or*
 - b. renewing an order for a psychotropic medication that was previously authorized for the child because the order is due to expire.
- 2 Use of the forms is mandatory for a child who is a dependent of the juvenile court and living in an out-of-home placement.
- 3 Use of the forms is mandatory for a child who is a ward of the juvenile court and living in a foster care placement, as defined in Welfare and Institutions Code section 727.4.
- 4 Use of the forms is optional for a child who is a ward of the juvenile court and living in an out-of-home facility that is not considered a foster care placement as defined in Welfare and Institutions Code section 727.4, unless use of the forms is required by a local rule of court.
- 5 Use of the forms is not required if the court has previously entered an order giving the child's parent the authority to approve or deny the administration of psychotropic medication to the child.
- 6 Form JV-220(A), *Prescribing Physician's Statement—Attachment*, must be completed and signed by the prescribing physician and forwarded to the person responsible for completing form JV-220, *Application Regarding Psychotropic Medication*, as provided for in local court rules or local practice protocols. The completed JV-220(A), with all its attachments, must be attached to JV-220 when it is filed with the court.
- 7 The person or persons responsible for providing notice under local court rules or local practice protocols must complete, sign, and file with the court form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*.

JV-220, Application Regarding Psychotropic Medication

- 1 This form gives the court basic information about where the child lives and whether the current situation has caused the child to be moved to a temporary location such as a psychiatric hospital, a juvenile hall, a shelter home, or respite care. It also provides the name and contact information for the child's social worker or probation officer.
- 2 This form may be completed by the prescribing physician, the medical office staff, the child welfare services staff, the probation department staff, or the child's caregiver. If completed by a staff person from the medical office, the child welfare services agency, the probation department, or the child's caregiver, he or she must check the appropriate box, type or print his or her name, and sign the form. If completed by the prescribing physician, he or she must check the appropriate box and complete and sign JV-220(A).



JV-219-INFO Information About Psychotropic Medication Forms

JV-220(A), Prescribing Physician's Statement—Attachment

- ① This form must be completed and signed by the prescribing physician, who must provide information related to the administration of the psychotropic medication, including the child's diagnosis, relevant medical history, other therapeutic services, the psychotropic medication to be administered, and the basis for the psychotropic medication recommendation.
- ② Prior court authorization must be obtained before a psychotropic medication not currently authorized is given to a child except in an emergency situation. An emergency situation occurs when a physician finds that the child requires psychotropic medication because of a mental condition and the purpose of the medication is to protect the life of the child or others, prevent serious harm to the child or others, or to treat current or imminent substantial suffering and it is impractical to obtain prior authorization from the court. Court authorization must be sought as soon as practical but never more than two court days after the emergency administration of the psychotropic medication.

JV-221, Proof of Notice: Application Regarding Psychotropic Medication

- ① This form provides verification of the notice required by rule 5.640 of the California Rules of Court.
- ② This form must be completed and signed by the person or persons responsible for providing notice as required by local court rules or local practice protocols. 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—for example, when local court rule or local practice protocol requires 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 2 of the form.

JV-222, Opposition to Application Regarding Psychotropic Medication

- ① This form must be used when the parent or guardian, the attorney of record for a parent or guardian, the child, the child's attorney, or the child's CAPTA guardian ad litem does not agree that the child should take the recommended psychotropic medication.
- ② Within two court days of receiving notice of the application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, the child's attorney, or the child's CAPTA guardian ad litem who disagrees must complete, sign, and file form JV-222 with the clerk of the juvenile court.
- ③ The court will make a decision about the child's psychotropic medication after reading the application and its attachments and any opposition filed on time. The court is not required to set a hearing when an opposition 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, and the social worker's attorney at least two court days before the date set for the hearing. 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-223, Order Regarding Application for Psychotropic Medication

This form contains the court's findings and orders about psychotropic medications.

JV-219-INFO S Información sobre los formularios de medicamentos psicotrópicos

Use los formularios del Consejo Judicial indicados a continuación cuando solicite una orden relacionada con medicamentos psicotrópicos. Se pueden usar los formularios locales para proporcionar información adicional a la corte.

JV-220, Solicitud relacionada con medicamentos psicotrópicos

JV-220(A), Declaración del médico que receta—Adjunto

JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos

JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos

JV-223, Orden relacionada con la solicitud de medicamentos psicotrópicos

Instrucciones generales

- ① Use los formularios de medicamentos psicotrópicos cuando un niño se encuentra bajo la jurisdicción de la corte de menores y vive en una colocación fuera de casa, y el médico del niño solicita una orden para:
 - a. dar permiso para que el niño reciba un medicamento psicotrópico que no esté autorizado actualmente, o
 - b. renovar una orden para un medicamento psicotrópico que estuvo autorizado anteriormente para el niño porque la orden está a punto de vencer.
- ② El uso de los formularios es obligatorio para un niño que es dependiente de la corte de menores y vive fuera de su hogar.
- ③ El uso de los formularios es obligatorio para un niño que es pupilo de la corte de menores y vive en un hogar sustituto, según se define en la sección 727.4 del Código de Bienestar e Instituciones.
- ④ El uso de los formularios es optativo para un niño que es pupilo de la corte de menores y vive fuera de su hogar, en un lugar que no se considera un hogar sustituto según se define en la sección 727.4 del Código de Bienestar e Instituciones, a menos que el uso del formulario sea obligatorio por una regla local de la corte.
- ⑤ El uso de los formularios no es obligatorio si la corte ya hizo una orden concediendo al padre del niño la autoridad para aprobar o rechazar la aplicación de medicamentos psicotrópicos al niño.
- ⑥ El formulario *JV-220(A), Declaración del médico que receta—Adjunto*, tiene que ser llenado y firmado por el médico que receta y luego enviado a la persona responsable de llenar el formulario *JV-220, Solicitud relacionada con medicamentos psicotrópicos*, tal como lo indiquen las reglas de la corte o protocolos de la práctica locales. El formulario *JV-220(A)* llenado con todos sus adjuntos debe adjuntarse al *JV-220* para presentarlo a la corte.
- ⑦ La persona o personas responsables de dar aviso según las reglas de la corte o protocolos de la práctica locales deben llenar, firmar y presentar a la corte el Formulario *JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos*.

JV-220, Solicitud relacionada con medicamentos psicotrópicos

- ① Este formulario le proporciona a la corte la información básica acerca de dónde vive el niño y si la situación actual ha ocasionado que el niño se mude a una ubicación temporal como un hospital psiquiátrico, reclusorio para jóvenes, un albergue o cuidado sustituto. También proporciona el nombre y la información de contacto del trabajador social o funcionario de libertad condicional del niño.
- ② Este formulario lo puede llenar el médico que receta, el personal del consultorio médico, el personal de servicios de bienestar infantil, el personal del departamento de libertad condicional o la persona que cuida al niño. Si lo llena el personal del consultorio médico, la agencia de servicios de bienestar infantil, el departamento de libertad condicional o la persona que cuida al niño, se deberá marcar la casilla correspondiente, escribir su nombre con letra de molde o a máquina y firmar el formulario. Si lo llena el médico que receta, se deberá marcar la casilla correspondiente y llenar y firmar el *JV-220(A)*.



JV-219-INFO S Información sobre los formularios de medicamentos psicotrópicos

JV-220(A), Declaración del médico que receta—Adjunto

- ① Este formulario lo debe llenar y firmar el médico que receta, quien debe proporcionar la información relacionada con la aplicación de los medicamentos psicotrópicos, incluido el diagnóstico del niño, los antecedentes médicos pertinentes, otros servicios terapéuticos, el medicamento psicotrópico que se va a aplicar y el fundamento para recomendar el medicamento psicotrópico.
- ② Se debe obtener la autorización previa de la corte antes de que se dé a un niño un medicamento psicotrópico que no esté actualmente autorizado, excepto en una situación de emergencia. Una situación de emergencia ocurre cuando un médico se da cuenta de que el niño requiere medicamento psicotrópico debido a un problema mental, y el propósito del medicamento es proteger la vida del niño o de otros, prevenir lesiones graves al niño o a otros, o tratar un sufrimiento sustancial actual o inminente, y no es práctico obtener una autorización previa de la corte. Se debe buscar autorización de la corte tan pronto como sea práctico, pero nunca más de dos días de corte después de la aplicación de emergencia del medicamento psicotrópico.

JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos

- ① Este formulario verifica el aviso requerido por la regla 5.640 de las Reglas de Cortes de California.
- ② Este formulario tiene que ser llenado y firmado por la persona o personas responsables de dar el aviso tal como lo requieren las reglas de la corte o protocolos de la práctica locales. En cada página del formulario se incluye una línea para firma por separado para adecuarse a las cortes donde el requisito de dar aviso se comparte entre agencias: por ejemplo, cuando la regla de la corte o protocolo de la práctica locales requieren a la agencia de servicios de bienestar infantil que dé aviso al padre de familia o tutor legal y a la persona que cuida el niño y a la oficina del secretario de la corte de menores que dé aviso a los abogados y al voluntario de CASA. Si una agencia realiza todos los avisos requeridos, sólo se requiere una firma en la página 2 del formulario.

JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos

- ① Este formulario se debe usar cuando el padre o tutor, el abogado del caso para el padre de familia o tutor, el niño, el abogado del niño o el tutor CAPTA *ad litem* del niño no esté de acuerdo con que el niño deba tomar el medicamento psicotrópico recomendado.
- ② Dentro de dos días de recibir el aviso de la solicitud para el medicamento psicotrópico, el padre de familia o tutor, su abogado, el niño, el abogado del niño o el tutor CAPTA *ad litem* del niño que no esté de acuerdo deberá llenar, firmar y entregar el Formulario JV-222 al secretario de la corte de menores.
- ③ La corte tomará una decisión acerca del medicamento psicotrópico del niño después de leer la solicitud y sus adjuntos y cualquier oposición que se entregue a tiempo. La corte no tiene la obligación de fijar fecha para una audiencia si se presenta una oposición. Si la corte fija una fecha para una audiencia, el secretario de la corte de menores debe dar aviso de la fecha, la hora y el lugar de la audiencia a los padres o tutores legales, sus abogados, al niño si es de 12 años de edad o mayor, al abogado del niño, a la persona que cuida el niño actualmente, al trabajador social del niño y al abogado del trabajador social por lo menos dos días de corte antes de la fecha fijada para la audiencia. En casos de delincuencia, el secretario también deber dar aviso al niño sin tener en cuenta su edad, al oficial de libertad condicional y al abogado del distrito.

JV-223, Orden relacionada con la solicitud de medicamentos psicotrópicos

Este formulario contiene las determinaciones y órdenes de la corte acerca de los medicamentos psicotrópicos.

JV-221

**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: _____

Empty box for clerk stamping 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.

Case Number: _____

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

JV-221 S**Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos**

Lea el documento JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

- 1 A los siguientes padres de familia/tutores legales se les dio aviso de la solicitud del médico para comenzar y/o continuar con la aplicación del medicamento psicotrópico, el nombre de cada medicamento y que están pendientes ante la corte una *Solicitud relacionada con medicamentos psicotrópicos* (JV-220) y la *Declaración del médico que receta—Adjunto* (JV-220(A)). También se les ha proporcionado el JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, y una copia en blanco del JV-222, *Oposición a la solicitud relacionada con medicamentos psicotrópicos*, o información sobre cómo obtener una copia de cada formulario.

a. Nombre: _____ Fecha de aviso: _____

Parentesco con el niño: _____

Manera: En persona Por teléfono al (*especifique*): _____

- Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): _____

b. Nombre: _____ Fecha de aviso: _____

Parentesco con el niño: _____

Manera: En persona Por teléfono al (*especifique*): _____

- Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): _____

c. Nombre: _____ Fecha de aviso: _____ Parentesco con el niño: _____

Manera: En persona Por teléfono al (*especifique*): _____

- Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): _____

- 2 Se terminaron los derechos de paternidad y el niño no tiene padres legales a quienes se deba informar.

3 El padre/la madre/tutor legal (*nombre*): _____ no fue informado porque (*declare la razón*): _____

4 El padre/la madre/tutor legal (*nombre*): _____ no fue informado porque (*declare la razón*): _____

- 5 La persona que cuida al niño en la actualidad fue notificada de que un médico pide tratar al niño con medicamentos psicotrópicos y que los JV-220 y JV-220(A) están pendientes ante la corte como sigue:

Persona que cuida al niño (*nombre*): _____

Manera: En persona Por teléfono a (*especifique*): _____ Depositando la información requerida en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la siguiente dirección (*especifique*): _____

- 6 Declaro bajo pena de perjurio bajo las leyes del estado de California que la información que figura arriba es verdadera y correcta.

Fecha: _____

El secretario pone el sello de la fecha aquí cuando se presenta el formulario.

Sólo para información

No entregue a la corte

Escriba el nombre y la dirección de la corte:

Corte Superior de California, condado de _____

Escriba el nombre y fecha de nacimiento del niño:

Nombre del niño: _____

Fecha de nacimiento: _____

Escriba el número de caso cuando se presenta el formulario.

Número de caso: _____

No entregue a la corte

► **Sólo para información**

Nombre en letra de máquina o de molde

Firma

La firma figura en la página 2



JV-223

Order Regarding Application for Psychotropic Medication

Clerk stamps date here when form is filed.

The Court read and considered:

- a. JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*, filed on (date): _____
- b. JV-222, *Opposition to Application Regarding Psychotropic Medication*, filed on (date): _____
- c. Other (specify): _____

The Court finds and orders:

- 1 a. Notice requirements were met.
- b. Notice requirements were *not* met. Proper notice was not given to: _____

Fill in court name and street address:
Superior Court of California, County of

- 2 The matter is set for hearing on (date): _____ at (time): _____ in (dept.): _____

Fill in child's name and date of birth:
Child's Name:
Date of Birth:

- 3 Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in (15) on page 3 of JV-220(A).

Fill in case number when form is filed.
Case Number:

A copy of page 3 is attached to this order.

The application is (check one):

- a. granted as requested.
- b. granted with the following modification or conditions to the request as made in (15) on the attached page 3 of JV-220(A) (specify all modifications and conditions): _____
- c. denied (specify reason for denial): _____

- 4 Other (specify): _____

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: _____

Signature of judge or judicial officer

JV-223 S

Orden relacionada con la solicitud de medicamentos psicotrópicos

El secretario pone el sello de la fecha aquí cuando se presenta el formulario.

Sólo para información

No entregue a la corte

La corte leyó y consideró:

- a. JV-220, Solicitud relacionada con medicamentos psicotrópicos y JV-220(A), Declaración del médico que receta—Adjunto, presentados el (fecha): _____
- b. JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos, presentado el (fecha): _____
- c. Otro (especifique): _____

Escriba el nombre y dirección de la corte:

Corte Superior de California, condado de _____

La corte determina y ordena:

- 1 a. Se cumplió con los requisitos del aviso.
- b. No se cumplió con los requisitos del aviso. No se entregó el aviso adecuado a: _____

Escriba el nombre y fecha de nacimiento del niño:

Nombre del niño: _____

Fecha de nacimiento: _____

- 2 Se fija fecha para una audiencia el (fecha): _____ a la(s) (hora): _____ en (depto): _____

Escriba el número de caso cuando se presenta el formulario.

Número de caso: _____

- 3 Se hizo la solicitud para que comenzara la autorización o para continuar dando al niño el medicamento psicotrópico indicado en el número 15 de la página 3 de JV-220(A).

No entregue a la corte

A esta orden se adjunta una copia de la página 3.

La solicitud se ha (marque una):

- a. otorgado como se ha solicitado.
- b. otorgado con la siguiente modificación o condiciones a la solicitud, tal como se indica en el número 15 de la página 3 adjunta de JV-220(A) (especifique todas las modificaciones y condiciones): _____
- c. rechazado (especifique la razón para el rechazo): _____

- 4 Otra (especifique): _____

Esta orden tiene vigencia hasta que sea terminada o modificada por una orden de la corte o hasta los 180 días a partir de la fecha de esta orden, lo que ocurra primero. Si el médico que receta ya no atiende al niño, esta orden se extiende a los médicos subsiguientes que atiendan. Un cambio en la colocación del niño no requiere una nueva orden acerca del medicamento psicotrópico. Excepto en caso de emergencia, deberá presentarse una nueva solicitud y recibir el consentimiento de la corte antes de dar al niño un medicamento no autorizado en esta orden o incrementar la dosis del medicamento más allá de la dosis diaria máxima autorizada en esta orden.

Fecha: _____

Sólo para información

Firma del juez o del funcionario judicial