JV-222

Input on Application for Psychotropic Medication

If you do not agree that the child should take the recommended psychotropic medication and/or continue the psychotropic medication that the child is currently taking, or if you wish to tell the court something about the child or medication, you must complete this form and file it with the court within four court days of service of notice of the pending application for psychotropic medication. Read JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application.

Clerk stamps date here when form is filed.

information about the required forms and the application.	
Your information:	Fill in court name and street address:
	Superior Court of California, County
a. Name: b. Address:	
e. Phone: Fax:	
E-mail:	Fill in child's name and date of birth:
d. If you are not an attorney filling out this form for a client, yo relationship to the child is:	Ole Halle Manner
e. If you are an attorney filling out this form for a client, provide	Data of Diath
following information about your client:	Court fills in case number when form is filed.
Your client's name: Your client's relationship to the shild:	Case Number:
Your client's relationship to the child:	
The application is opposed because:	

Chile	d's r	nam	ne:	
3	The	e app	oplication is not opposed, but I want to tell the court the following:	
4)		I ar	m the attorney for the child.	
	a.		I need more time to investigate the application.	
	b.		I need the following information to determine whether to agree with or oppose the application:	
	c.		There is other information the judge should know:	
5			dditional information about the child for the court to consider is included on an attached sheet or sheets of aper. Write "Attachment 5" on top.	f
Date	e:			
	•			
Туре	or j	prin	nt name Signature	

Case Number: