

JV-220(A)—Physician’s Statement (Attachment to the JV-220)

Who: The prescribing doctor (physician or psychiatrist). May be filled out by another medical professional, but must be signed by the prescribing doctor.

When: When asking the Court for a new order to administer psychotropic medication

- to begin administering psychotropic medication to the child,
- change the dosage of an existing medication,
- change a current medication to a different medication,
- or, in rare cases, to start an additional medication.

If medication has been administered as part of an emergency situation, that doctor has 2 days (at the most) to ask for the court’s authorization.

What: Provides the Court with information

- about the prescribing physician,
- their assessment of the child’s overall mental health including a diagnosis
- their description of the child’s symptoms,
- the duration of those symptoms,
- the treatment plan to address them,
- their reasons for recommending the medication, and
- their description of the child’s response to current medication if the child is taking any.
- whether or not the child and their caregiver have been informed of the type of medication being prescribed, the potential side effects and anticipated benefits of that medication, and that they may oppose the request (confirms informed consent)
- indicates whether the child’s and caregiver’s responses to that information was agreeable or not.

Where next: The prescribing doctor gives it to the person who is filing the JV-220.

JV-220 (B)—Physician’s Request to Continue Medication (Attachment to the JV-220)

Who: The same doctor who signed the most recent JV-220 (A) form.

When: Only if prescribing the same medication with the same dose and schedule.

JV-221—Proof of Notice of Application

Who: Social worker, court clerk, others depending on county practices and local rules of court, there are several places for signatures to accommodate these variances.

When: After all the parties with a right to receive notice were served the appropriate notice and required attachments. Agencies responsible for providing this notice are encouraged to use the most expeditious manner of service possible to ensure timely notice.

What: Information about the parties that were notified, what attachments were included, and how that notification occurred. (Note: electronic notification is allowed only when the recipient has granted permission.)

The current rules of court do not match exactly with the current JV-221 form for who receives which attachments. Below are the notification lists according to the Rules of Court 5.640 effective July 1, 2016.

- Parent/legal guardian and their attorneys of record
 - Statement that a physician has requested to treat the child’s emotional or behavioral problems by beginning or continuing the administration of psychotropic medication
 - The name of each medication requested
 - That an *Application for Psychotropic Medication* is pending before the court
 - The JV-217-INFO document
 - Blank JV-219 (Statement)
 - Blank JV-222 (Input)
- Current caregiver and CASA
 - Notified of physician’s request and that *Application* is pending
 - The name of each medication requested
 - The JV-217-INFO document
 - Blank copy of JV-218 (Child’s opinion)
 - Blank JV-219 (Statement)
- Child’s attorney and CAPTA guardian ad litem if not the same person
 - Copy of completed *Application*—copies of completed JV-220 and JV-220 (A) or (B)
 - Copy of JV-217-INFO
 - Blank JV-218 for child’s opinion
 - Blank JV-222 for input
- Indian child’s Tribe
 - Notified of physician’s request and that *Application* is pending
 - The name of each medication requested
 - The JV-217-INFO document
 - Blank copy of JV-218 (Child’s opinion)
 - Blank JV-219 (Statement)
 - Blank JV-222 (Input)

Where next: File with the court.

Question about county practice: When multiple agencies are responsible, do they give their piece directly to the court or to the social worker/probation officer?

Timeline here is very tight. The recipients of this notice have four court days after they receive the notice to file their input or statement. If a hearing is set, input can be filed at any time before, or at, the hearing.

JV-217 INFO—Briefly describes all the forms and their use.

JV-222—Input on Application for Psychotropic Medication

Who: Parent or guardian, their attorney of record, the child, their attorney of record and/or CAPTA guardian ad litem, and/or the Indian child's Tribe.

When: Within four court days of service of notice of the pending application regarding psychotropic medication. If a hearing is set, this form can be filed with the court any day up to and including the day of the hearing.

What: Used to express disagreement with the proposed medication or to provide input to the court. Filing a JV-222 does not require the court to set a hearing. If a hearing is set, the court clerk must notify the following people of the day, time, and location of the hearing at least two court days before the hearing date.

- Parents/legal guardians and their attorneys
- The child (if 12 years or older) and their attorney
- Current caregiver (group home administrator or their designee if child lives in a group home)
- Social worker and their attorney
- Child's CAPTA guardian ad litem and CASA
- Indian child's Tribe

If the child is a ward of the juvenile court, the clerk must also notify

- The child of any age
- The child's probation officer
- The district attorney

JV-223—Order on Application for Psychotropic Medication

Who: County clerk issues order, and whoever filed the Application must provide a copy of that order and this form to the child's current caregiver.

If the Application was approved, the social worker or probation officer must provide the caregiver with a copy of the order, the last two pages of the JV-220(A), and all of the medication information sheets (medication monographs) that were attached to the JV-220(A).

When: Within two days of when the order is made.

What: The form contains

- Information about what input the court read and considered before ruling
- What the finding is and the attending orders
 - Whether the notice requirements were met or not
 - Hearing set or not
 - Application is granted, granted with modification, or denied
 - If missing information, what is missing and date of hearing
 - Who will provide a copy to the caregiver
 - Date, time, and location of progress review

What next: Order is effective until terminated, modified by court order or until 180 days from the date of the order, whichever is earlier.

This order will transfer to subsequent treating physicians, if prescriber is no longer treating.

A new placement does not require a new order, but the social worker or probation officer must provide the new caregiver with a copy of the order, the last two pages of the JV-220(A), and all of the medication information sheets (medication monographs) that were attached to the JV-220(A).

A new application must be submitted and granted by the court before giving the child medication that is not authorized in this order or increasing the dose beyond the maximum dose authorized on page 6 of the corresponding JV-220(A).

JV-224—County Report on Psychotropic Medication

Who: Social worker or probation officer files this form with the court.

When: At least 10 calendar days before any hearing for which the court is providing oversight of psychotropic medications, including all scheduled progress reviews and every status review hearing

What: This form has information that the court must review

- Child's information
- List of medications and dosage
- Whether or not the child is taking the medication
- Caregiver's observations about:
 - Behavior/symptom change
 - Side effects
 - Concerns
- Child's observations about
 - Behavior/symptom change
 - Side effects
 - Concerns
- Dates of medication management appointments since last hearing
- Dates and reasons for other appointments
- Any other relevant information

What next: Court makes a ruling and, if medication is continuing, sets another progress review or status review hearing.

JV-218—Child’s Opinion About the Medicine

Who: Child (or social worker, probation officer, or CASA acting on the child’s request). The child does not have to use this form, he or she may speak directly to the judge, write a letter, or ask any of the above listed and/or someone they trust to tell the judge their feelings on their behalf.

When: Within four court days of receiving notification of a pending *Application*, or up to and including the day of the initial hearing if one is set, and up to and including the day of any progress review or status review hearing.

What: Short questionnaire about the child’s opinion of the medication—

What do they know about it, have they taken it before, were they told how it is supposed to help them or about side effects, and their opinion about taking this medicine.

It asks them to list other treatment or therapy they are currently doing, what they like to do for fun, what activities they would like to be involved in, and any other things they want the judge to know.

There is a section for 17-year old youth about transitioning.

There is a section for children who are already taking the medication now.

This form can also be an important component in treatment planning. What the child says about the medication plan should inform (or reflect) what happens. It can help identify areas where more information is needed, ideas about informal mental health services that are likely to be useful, and for collecting information about efficacy.

JV-219—Statement About Medicine Prescribed

Who: Caregiver, CASA, or Indian Tribe may use this form or

- Talk to the judge directly
- Write a letter to the judge
- Ask the attorney of record, social worker, probation officer, or CASA to tell the judge for them
- The CASA may file a report directly with the court

When: Within four court days of receiving notification of a pending *Application*, or up to and including the day of the initial hearing if one is set, and up to and including the day of any progress review or status review hearing.

What: The form is a questionnaire about:

- the child’s behavior at home, at school, with friends, and with adults
- how the child is sleeping
- current treatment including medication and follow-up plans
- descriptions of current treatment and current medication if applicable

There is a section about children who are currently taking the medication now and its effects.