

JV-221(TC) Proof of Notice of Application

Read Form JV-217-INFO(TC), *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

- 1 The following parents/legal guardians of the child were notified of the physician's request to begin and/or to continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with Form JV-217-INFO(TC), *Guide to Psychotropic Medication Forms*, a blank copy of Form JV-219(TC), *Statement About Medicine Prescribed* and a blank copy of Form JV-222(TC), *Input on Application for Psychotropic Medication*.

a. Name: _____ Date notified: _____
Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By electronic service at (*e-mail address*): _____
_____ (*time sent*): _____
 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*): _____

Fill in court name and street address:

Tribal Court of:

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:

b. Name: _____ Date notified: _____
Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By electronic service at (*e-mail address*): _____
_____ (*time sent*): _____
 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*): _____

c. Name: _____ Date notified: _____ Relationship to child: _____
Manner: In person By phone at (*specify*): _____
 By electronic service at (*e-mail address*): _____ (*time sent*): _____
 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*): _____

- 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 an application is pending before the court. The caregiver was provided Form JV-217-INFO(TC), *Guide to Psychotropic Medication Forms* and a blank copy of Form JV-219(TC), *Statement About Medicine Prescribed*, or information on how to obtain a copy of the form as follows:



Child's name: _____

Case Number: _____

5 Caregiver's name: _____ Date notified: _____
Manner: In person By phone at (specify): _____ By electronic service at (e-mail address): _____
(time sent): _____ By depositing the required information
in a sealed envelope in the United States mail, with first-class postage prepaid, to the following 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

Sign your name

Signature follows on page 3.

6 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 Form JV-220(TC), *Application for Psychotropic Medication*; completed JV-220(A)(TC), *Physician's Statement—Attachment* or completed Form JV-220(B)(TC), *Physician's Request to Continue Medication—Attachment*; a copy of Form JV-217-INFO(TC), *Guide to Psychotropic Medication Forms*; a blank Form JV-218(TC), *Child's Opinion About the Medication*; and a blank copy of Form JV-222(TC), *Input on Application for Psychotropic Medication*, as follows:

- a. Attorney's name: _____ Date notified: _____
Manner: In person By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 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 electronic service at (e-mail address): _____ (time sent): _____
 By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): _____

7 The following attorneys were notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with a copy of Form JV-217-INFO(TC), *Guide to Psychotropic Medication Forms*, and a blank copy of Form JV-222(TC), *Input on Application for 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 electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information and copies of JV-217-INFO(TC) and JV-222(TC) 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 electronic service at (e-mail address): _____ (time sent): _____



Case Number: _____

Child's name: _____

- 7 b. By depositing the required information and copies of JV-217-INFO(TC) and JV-222(TC) 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 electronic service at (e-mail address): _____ (time sent): _____
 By depositing the required information and copies of JV-217-INFO(TC) and JV-222(TC) 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: _____

_____ Sign your name Signature follows on page 3.

Type or print name

- 8 The child's CASA volunteer was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and an application is pending before the court as follows:
- CASA volunteer (name): _____ Date notified: _____
 Manner: In person By phone at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 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): _____

- 9 The Indian child's tribe was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with Form JV-217-INFO(TC), Guide to Psychotropic Medication Forms, a blank copy of Form JV-219(TC), Statement About Medicine Prescribed, and a blank copy of JV-222(TC), Input on Application for Psychotropic Medication.
- Indian Tribe (name): _____ Date notified: _____
 Manner: In person By phone at (specify): _____ By fax at (specify): _____
 By electronic service at (e-mail address): _____ (time sent): _____
 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: _____

_____ Sign your name

Type or print name