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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	FOR COURT USE ONLY	
TELEPHONE NO. (Optional): FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME: CHILD'S NAME:		
OTTED O NAME.		
	Attachments	
	CASE NUMBER:	
APPLICATION FOR ORDER FOR PSYCHOTROPIC MEDICATION-JUVENILE		
1. The child is a dependent ward of the court under Welfare and Institution 602, and was removed from the custody of his or her parent or guardian on (date		
2. Child's date of birth: Child's weight:		
3. The child is currently placed in:		
relative's home foster home group home juvenile	hall camp	
other (specify): 4. Applicant is child's treating social worker on probation officer Letter or Declaration by Physician physician physician behalf of physician on behalf of physician included as Attachment 4. a. Name of treating physician: b. Address and phone number of treating physician: c. Employer of physician: d. Medical specialty of physician: e. Board eligibility/certification: f. Date of evaluation of child: g. Location of evaluation: 5. Applicant requests the court to: a authorize the administration to the child of the psychotropic medication(s) described in section 9 below; or b authorize (name and address): who is the child's mother statutorily presumed father legal guardian as established by the Probate or Juvenile Court, to consent to the administration of the psychotropic medication(s) described in section 9 below. The child's parent or legal guardian poses no danger to the child and has the capacity to authorize the administration of the medication(s) (describe bases for this statement):		
Cont 6. The child has been diagnosed as suffering from the following mental disorder(s) (state D	inued on Attachment 5. SM-IV Diagnosis [Axes I to III]):	
Cont	inued on Attachment 6.	

CHILD'S NAME:	CASE NUMBER:
7. The child's relevant psychiatric history is as follows (specify current behaviors likely to be	helped by psychotropic medication):
8. Other treatment interventions in addition to the requested medication(s) are:	ued on Attachment 7. Other (<i>describe</i>):
 9. The following psychotropic medication is recommended: a. Name (trade and generic): b. Category: c. Anticipated range of dosage: d. Anticipated treatment duration: e. Alternative medications in same category (specify name of drug): f. Anticipated benefits to the child (specify): Medication is approved for pediatric use. 	
 The relevant medical and medication history of the child is as follows (specify all medical including prescription and nonprescription medications): 	Continued on Attachment 9. tion the child is currently taking, See Attachment 10.
 a. The possible interaction with the recommended medications is as follows (specify all medications): 	possible effects of combining the
b. The administration of the requested psychotropic medications will require the followi of medications (specify any discontinuations or changes in dosages):	See Attachment 10 a. ng adjustments of the current regimen
 11. Significant adverse reactions, warnings/contraindications, drug interactions, withdrawal stull effect for each recommended medication are attached as narrative. attached as document prepared by manufacturer or health care provider. 	See Attachment 10 b. symptoms, and anticipated time lag before
12. The child has been informed of this request, the medications that are recommend possible adverse reactions. The child's response was (describe):	ed, their anticipated benefits, and their
Continued on Attachment 12. (Child's own written statement may be included.)	

CHILD'S NAME:	CASE NUMBER:	
13. a. The child's mother statutorily presumed father legal guardian has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. b No parent or guardian has been informed because (state reasons):		
c. The response of the parent or guardian was as follows:		
d. A parent or legal guardian has not received notice because their whereabouts	continued on Attachment 13 c. are unknown.	
b The father's attorney does not oppose opposes the application	ation and requests a hearing. ation and requests a hearing. ation and requests a hearing.	
15. The child's present caregiver has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. The response of the caregiver was as follows:		
16. A psychiatrist has reviewed this application. The psychiatrist agrees. The psychiatrist does not agree.	Continued on Attachment 15.	
(Signature of psychiatrist) (Type or Print Name) 17. Other professionals who were informed and consulted (state names and professionals value)	anal relationship to the case\:	
17. Cher professionals who were informed and consulted (<i>state names and profession</i>) 18. Other information or comments:	Continued on Attachment 18.	
Date:		
>		
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)	

CHILD'S NAME:	CASE NUMBER:
ORDER	
The matter is set for hearing within 5 court days on (date) The clerk is to notice all parties and counsel. The application for authorization to administer psychotropic medications is: Granted as requested Denied Granted, with the following modifications or conditions:	at (time):
The court finds that the parent poses no danger to the child and has the capacity to psychotropic medications, and the request for such authority is granted As requested With the following modifications or conditions:	to authorize the administration of
This order for authorization is effective until terminated or modified by court order whichever is earlier. If the physician named above is no longer treating the child, who subsequently treat the child. If a new treating physician proposes an increase addition of other medications, a new application must be submitted.	the authorization may extend to physicians
Date:	
(TYPE OR PRINT NAME) (JU	IVENILE COURT JUDICIAL OFFICER)