JV-222 Opposition to Application Regarding 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, you must complete this form and file it with the court within two court days of receiving notice of the application for psychotropic medication. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application.

Clerk stamps date here when form is filed.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

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:

1 Your information:

a. Name: _____

b. Address: _____

_____

c. Phone: _____ Fax: _____

d. If you are not an attorney filling out this form for a client, your relationship to the child is: _____

e. If you are an attorney filling out this form for a client, provide the following information about your client:

Your client's name: _____

Your client's relationship to the child: _____

2 The application is opposed because:

_____

Date: _____

_____ *Type or print name*

_____ *Signature*

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