

Clerk stamps date here when form is filed.

You may use this form to tell the judge what you think about the medicine that a doctor wants you to take.

You do not *have to* use this form if you do not want to. There are other ways to tell the judge how you feel. You can:

- Talk to the judge at a hearing or write the judge a letter, or
 - Ask your lawyer, social worker, probation officer, or CASA to tell the judge how you feel.

You may ask someone you trust to help you read and fill out this form. And you may add as many pages as you need. If you add extra pages, please put your name and the number of the question you are answering on each extra page.

Answer these questions about this medicine:

- 3** Do you know that a doctor wants you to take a medicine? Yes No Not sure

4 Do you know the name and dose of the medicine the doctor wants you to take? Yes No Not sure

5 Have you taken this medicine before? Yes No Not sure

6 Do you want more information before you decide if you want to take it? Yes No

If yes, what do you want to know?

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:

Court fills in case number when form is filed.

Case Number:

- 7** Did anyone tell you how the medicine is supposed to help you? Yes No Not sure

8 Did anyone explain the possible side effects? Yes No Not sure
If yes, what did they say? _____

9 What is your opinion about taking the medicine?



Child's name: _____

- (10) Do you agree to take the medicine? Yes No Not sure
Explain your answer here, if you want to: _____

Questions about you

- (11) List any other treatment or therapy you are doing now:

- None Individual talk therapy Family therapy
 Group talk therapy Counseling at school Art or play therapy
 Cognitive Behavioral Therapy (CBT or practicing behaviors)
 Other (*list any other treatment here*): _____

- (12) What do you like to do for fun?

- (13) What activities would you like to be involved in now?

- (14) Say anything else about yourself or the medicine that you want the judge to know.

For a 17-Year Old Youth ONLY*If you are under 17, skip to the next question.*

- (15) When you turn 18,

- a. Will you be able to keep the doctor you have now? Yes No Not sure
b. Will you know how to get this medicine if you want to keep taking it? Yes No Not sure

Child's name: _____

For a child taking this medicine now*If you are NOT taking this medicine now, skip to the next question.*

(16) Do you have any side effects from the medicine?

 Yes No

If Yes, check below:

- | | | | |
|---|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Headache | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Problems sleeping | <input type="checkbox"/> Feeling very sleepy | <input type="checkbox"/> Nausea | <input type="checkbox"/> Feel dizzy |
| <input type="checkbox"/> Other (<i>list any other side effects here</i>): _____

_____ | | | |

(17) If you have side effects, did you tell your doctor?

 Yes No

If Yes, your doctor's name: _____

(18) Did someone help you with this form?

 Yes NoIf Yes, who? my social worker my probation officer my caregiver my lawyer my CASA Other (*explain*): _____ Check here if you are going to add extra pages to this form. And say how many pages: _____

Date: _____

Type or print child's name _____



Child signs here _____

Type or print name of other person who helped child fill out form _____



Helper signs here _____