

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO JUVENILE COURT <input type="checkbox"/> 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 <input type="checkbox"/> 325 S. MELROSE DR., VISTA, CA 92081-6634 <input type="checkbox"/> 500 3RD AVE., CHULA VISTA, CA 91910-5649 <input type="checkbox"/> 250 E. MAIN ST., EL CAJON, CA 92020-3941	
IN THE MATTER OF _____ <div style="text-align: right;">A MINOR</div>	
ORDER DESIGNATING PERSON WHO MAY CONSENT TO PRESCRIBING PSYCHOTROPIC MEDICATIONS/APPROVING A MEDICATION TREATMENT PLAN FOR A DEPENDENT OR WARD (Welfare & Institutions Code § 6552)	CASE NUMBER: _____

1. The Court has read and considered:

- a. The executed Request for Authorization for Medical, Surgical or Dental Treatment form.
- b. The Ex Parte Application.
- c. The written Medication Treatment Plan.
- d. The evidence presented.

2. The Court finds:

- a. All persons entitled to notice have received notice.
- b. Counsel of record have been served with the ex parte application.
- c. Reasonable efforts/due diligence has been undertaken to notify the:

- Mother
- Father
- Legal Guardian
- Other: _____

d. No objection has been filed with the Court.

e. An objection has been filed with the Court, and a hearing shall be set on _____ at _____ o'clock, in Department _____ of the Juvenile Court. The Clerk of the Court is to notice all parties and counsel.

3. **THE COURT ORDERS:**

- a. Nothing in this Order is to be construed as interfering with or superseding a licensed physician's duty and judgment in an emergency situation.
- b. Nothing in this Order is to be construed as limiting or superseding an involuntarily hospitalized minor's refusal to take medications.

c. The following person(s) SHALL NOT be authorized to consent on behalf of the minor:

- Mother: _____
- Father: _____
- Legal Guardian: _____
- Other: _____

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	CASE NUMBER:
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d. The following person(s) SHALL be authorized to consent on behalf of the minor: _____
_____.

e. The minor shall be authorized to consent on his/her behalf:

The minor has signed an application under Welfare and Institutions Code § 6552, which application has been approved by the Court; or

The minor is at least 12 years of age and the Court has previously determined that parental consent is not required.

f. The Medical Treatment Plan is APPROVED.

g. Other:

Date: _____

Judicial Officer