

IN THE MATTER OF

Amended

**Petition for  
Order Authorizing  
Involuntary Administration of  
Psychotropic Medications  
(Annual Review)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

1. I am a representative of the county department of the ward's county of residence.
2. The ward is the subject of an Order Authorizing Involuntary Administration of Psychotropic Medications.
3. This ward resides at  
Address: \_\_\_\_\_  
Name of facility and contact person and phone number (if any)  
Facility Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Contact Person Phone Number: \_\_\_\_\_  
Guardian(s) Name: \_\_\_\_\_  
Guardian(s) Phone number(s): \_\_\_\_\_
4. The county department's annual report of the review of the status of the ward  was filed or  will be filed. A copy of this report was provided to the ward, guardian of the ward, and the ward's agent under any activated Power of Attorney for Health Care.

**I REQUEST THE COURT:**

1. Review the status of the Order Authorizing Involuntary Administration of Psychotropic Medication to the ward.

2. Other: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_



\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date