

PARTY NAME: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO.: E-MAIL ADDRESS <i>(must be legible)</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 104 CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CLAIMANT:	
NOTICE TO FCS OF REMOTE MEDIATION APPEARANCE	CASE NUMBER:

You must use this form to tell FCS and the other party(ies) that you intend to appear remotely for mediation.

INFORMATION AND INSTRUCTIONS

To appear remotely for mediation you must:

- Complete all portions of the form.
- Submit this form to FCS prior to your scheduled appointment.
- Submission may be made by U.S. Mail or in-person at the address above.
- Prior to the appointment, you must provide notice to all other parties of your intent to appear remotely.
- Notice may be provided orally, electronically, or by giving the other parties a completed copy of this form.
- Mediation may not be recorded and must remain confidential.
- A person appearing remotely should conduct themselves as though appearing in-person.

I, _____, am hereby providing notice to FCS of my intention to appear remotely for mediation.

I agree to keep the mediation confidential to the same extent as would be required if I were appearing in-person

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Declaration of Notice

I gave notice that I intend to appear remotely for mediation to the other parties in this case. Complete one item below for each party that notice was given to, and enter one of the following options for "method of notice".

Petitioner

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

Petitioner's Attorney

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

Respondent

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

Respondent's Attorney

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

Claimant

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

Claimant's Attorney

- a. Name:
- b. Date of notice:
- c. Method of notice:
- d. Address (mailing, in-person, or email) or phone number

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)