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| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO.: EMAIL ADDRESS (Optional) ATTORNEY FOR (<i>NAME</i>): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA | |
| <input type="checkbox"/> Santa Barbara–Anacapa <input type="checkbox"/> Santa Maria-Cook <input type="checkbox"/> Lompoc Division 1100 Anacapa Street 312-C East Cook Street 115 Civic Center Plaza Santa Barbara, CA 93101 Santa Maria, CA 93454 Lompoc, CA 93436 | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | |
| NOTICE OF CANCELLATION OF MEDIATION AND STATEMENT OF GOOD CAUSE <i>(Local Rule 1501 et. seq., Family Code §3170)</i> | CASE NUMBER: |

Mediation date: _____

Mediation time: _____

Mediation place: Family Court Services

- 1100 Anacapa Street, Santa Barbara, CA 93101
- 312 East Cook Street, Santa Maria, CA 93454

To: _____
(Name of other parent and opposing counsel, if applicable)

NOTICE: The Family Custody Services mediation appointment set for _____ (date)
 at _____ (time) a.m. p.m. HAS BEEN CANCELLED for the following good cause reason(s)
(state your good cause reason(s)): _____

The cancellation of the mediation is based on good cause, or the Court may order monetary or other sanctions against the cancelling parent.

**DECLARATION OF COMPLIANCE WITH REQUIREMENT
TO GIVE NOTICE OF THE CANCELLATION AND TO RESCHEDULE**

I, _____, declare (*check the appropriate boxes*):

1. I am self-represented **or**
2. I am an attorney and I represent Petitioner Respondent Other: _____

| | |
|-------------------|--------------|
| Insert Case Name: | CASE NUMBER: |
|-------------------|--------------|

- 3. I understand that I am required to cooperate with the other parent and the attorney for the other parent, if retained, in order to: (a) schedule, (b) cancel or (c) reschedule a mediation appointment.
- 4. I also understand that I can only cancel a mediation appointment for good cause.
- 5. I have communicated with the other parent or the attorney for the other parent, if retained. We have agreed to reschedule the mediation appointment. I will serve on the other parent and file a new Notice of Mediation form (SC-4018).
- 6. I have attempted to provide Notice of Cancellation and/or to reschedule the mediation appointment, but was not successful because:

(Statement of attempts to contact opposing party directly to cancel and reschedule, including details such as date, time, phone number(s) called, letters written, faxes or email sent.)

See additional facts stated on separate paper labeled as Attachment 5 and attached to this Notice.

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

DATED: _____

SIGNED: _____