

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
NOTICE OF CANCELLATION OF MEDIATION AND STATEMENT OF GOOD CAUSE (Local Rule 1501 et. seq., Family Code §3170)		

Mediation date:

Mediation time:

Mediation place: Family Court Services

1100 Anacapa Street, Santa Barbara, CA 93101

312 East Cook St., Santa Maria, CA 93454

Dept.:

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:
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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: _____