

COMMISSION ON STATE MANDATES

980 NINTH STREET, SUITE 300
SACRAMENTO, CA 95814
PHONE: (916) 323-3562
FAX: (916) 445-0278
E-mail: csminfo@csm.ca.gov

**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Solano and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On November 17, 2011, I served the:

Incorrect Reduction Claim

Seriously Emotionally Disturbed (SED) Pupils: Out-of State Mental Health Services,
11-9705-I-02

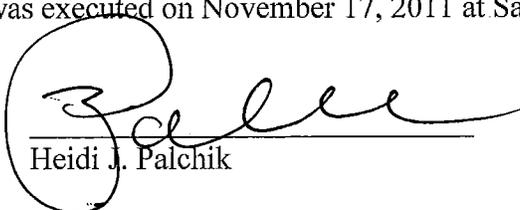
Government Code Section 7576; Statutes 1996, Chapter 654
California Code of Regulations, Title 2, Division 9, Chapter 1,
Sections 60000-60610

California Department of Mental Health Information Notice Number 86-29

Fiscal Years 2000-2001, 2001-2002, 2002-2003, 2003-2004, 2004-2005, and 2005-2006
County of Orange, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on November 17, 2011 at Sacramento, California.



Heidi J. Palchik