

PROOF OF SERVICE BY MAIL FAX ELECTRONIC SERVICE

(Must be Attached to Original Document at Time of Filing)

Case No.: _____

I, the undersigned, say: I am over the age of eighteen years and not a party to the within action or proceeding. My residence or business address is _____, California.

The fax number from which I served the documents is (complete if service was by fax): _____

On the _____ day of _____, I served a copy of the paper to which this proof of service by mail is attached. **MEDIATOR'S NOTICE OF ACCEPTANCE OR RECUSAL TO COURT-ORDERED MEDIATION** as follows:

By United States mail. I deposited said copy enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Postal Service mail box at the City of _____, California, addressed as follows: _____

By fax transmission. Based on an agreement of the parties to accept service by fax transmission, I faxed the **Mediator's Notice of Acceptance or Recusal** to the persons listed at the fax numbers below. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached.

Names

Fax Numbers

By electronic service. Based on a agreement of the parties to accept service by electronic transmission, I caused the documents to be sent to the persons at the electronic notification addresses listed below:

Names

E-mail Addresses

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California.

(TYPE OR PRINT NAME)

(SIGNATURE)