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 April 24, 2012, I served the:

Claimant Comments *Juvenile Offender Treatment Program Court Proceedings*, 04-TC-02 Welfare and Institutions Code Sections 779, 1731.8, 1719, and 1720 Statutes 2003, Chapter 4 (SB 459) County of Los Angeles, 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 April 24, 2012 at Sacramento, California.

Heidi J. Palchik