DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Yolo 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 September 20, 2013, I served the:

Incorrect Reduction Claim Filing; and
Notice of Complete Filing and Schedule for Comments
Incorrect Reduction Claim, 13-9705-I-05
Seriously Emotionally Disturbed (SED) Pupils:
Out-of-State Mental Health Services (97-TC-05)
Government Code Sections 7576; Statutes 1996, Chapter 654
Fiscal Year: 2005-2006

County of San Diego, 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 attached 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 September 20, 2013 at Sacramento, California.

Jason Hone

Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814 (916) 323-3562 9/20/13 Mailing List

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 9/20/13

Claim Number: 13-9705-I-05

Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health

Services (97-TC-05)

TO ALL PARTIES AND INTERESTED PARTIES:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.2.)

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