

# WITNESS INFORMATION FORM

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 6/8/2020

NAME: Katharine Beutner

ORGANIZATION: \_\_\_\_\_  
(IF APPLICABLE)

POSITION/TITLE: \_\_\_\_\_

ADDRESS: 3593 Tullamore Road

CITY: Cleveland Heights STATE: OH ZIP: 44118

TELEPHONE: 512-289-8904

ARE YOU REPRESENTING: YOURSELF  ORGANIZATION \_\_\_\_\_

DO YOU WISH TO TESTIFY ON  
LEGISLATION (BILL NUMBER): HB 381  
SPECIFIC ISSUE: \_\_\_\_\_  
SUBJECT MATTER: \_\_\_\_\_

DO YOU FAVOR \_\_\_\_\_ OR OPPOSE  THE ENACTMENT OF LEGISLATION REGARDING THIS ISSUE?

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH ENACTMENT:

I strongly oppose this and all Stand Your Ground laws. They make no one safer and are enforced in racially biased ways by our justice system. The American Bar Association's careful studies have made clear that these laws fail to increase public safety and even increase murder rates. ([https://www.americanbar.org/groups/diversity/racial\\_ethnic\\_justice/projects/SYG/](https://www.americanbar.org/groups/diversity/racial_ethnic_justice/projects/SYG/)) It is shameful to consider passing a law like this while hundreds of thousands of people worldwide march against racial bias in policing.

I ask that you consider my testimony and vote no on this harmful bill.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?  
YES \_\_\_\_\_ NO

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? Testifying in writing only