

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/10/19 _____

Name: Daniel Dew _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): The Buckeye Institute _____

Position/Title: Criminal Justice Fellow _____

Address: 88 East Broad St. Suite 11230 _____

City: Columbus _____ State: Oh _____ Zip: 43215 _____

Best Contact Telephone: 614-224-4422 _____ Email: Daniel@buckeyeinstitute.org _____

Do you wish to be added to the committee notice email distribution list? Yes No _____

Business before the committee

Legislation (Bill/Resolution Number): _____

Specific Issue: Criminal Justice Issues _____

Are you testifying as a: Proponent _____ Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 15 minutes _____

Please provide a brief statement on your position:

Discuss multiple policies that retain public safety imperatives while also giving offenders opportunities to successfully gain employment and reintegrate into society upon release from the criminal justice system.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.