

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: December 10, 2019

Name: Piet van Lier and Jasmine Ayres

Are you representing: ~~Yourself~~ Organization

Organization (If Applicable): Policy Matters Ohio

Position/Title: Research Consultant and Policy Liaison

Address: 3631 Perkins, Suite 4C East

City: Cleveland State: Ohio Zip: 44114

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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 Reform

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? 10 minutes

Please provide a brief statement on your position:

We are supportive of current legislative efforts on sentencing reform, including bills that address collateral sanctions, treatment in lieu of incarceration, and reclassification.

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.