

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/10/19

Name: GARY DANIELS

Are you representing: Yourself \_\_\_\_\_ Organization

Organization (If Applicable): ACLU of OHIO

Position/Title: Chief Counsel

Address: 1100 AM LAKE AVE

City: COLUMBUS State: OHIO Zip: 43206

Best Contact Telephone: 614/506-1959 Email: gdaniels@acluohio.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, CONCERNS + 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? LESS THAN 20 MINUTES - (9 MINS)

Please provide a brief statement on your position:

*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.*