

**WITNESS INFORMATION FORM – 132ND GENERAL ASSEMBLY
COMMUNITY AND FAMILY ADVANCEMENT COMMITTEE
CHAIRMAN – TIM GINTER**

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: FEBRUARY 12, 2017

NAME: REV. DR. JULIE FAITH PARKER, PH.D.

ORGANIZATION: _____
(IF APPLICABLE)

POSITION/TITLE: _ORDAINED UNITED METHODIST MINISTER / ASSISTANT PROFESSOR OF OLD
TESTAMENT/ _____

ADDRESS: ___TRINITY LUTHERAN SEMINARY 2199 EAST MAIN
STREET _____

CITY: COLUMBUS STATE: OH ZIP: 43209

TELEPHONE: _(614) 384-4604 _____

ARE YOU REPRESENTING: YOURSELF X ORGANIZATION _____

DO YOU WISH TO TESTIFY ON?

LEGISLATION (BILL NUMBER): __ HB 36 _____

SPECIFIC ISSUE: __PASTOR PROTECTION ACT _____

SUBJECT MATTER: __CLERGY RIGHTS _____

DO YOU FAVOR _____ OR OPPOSE X THE ENACTMENT OF LEGISLATION REGARDING THIS
ISSUE?

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

I AM UNABLE TO BE PRESENT AT THE HEARING, BUT HERE IS MY TESTIMONY:

**THIS BILL IS UNNECESSARY AND PROMOTES DISTRUST BETWEEN CLERGY AND THOSE WHOM WE
SERVE. IF SOMEONE COMES TO ME TO BE MARRIED, I DECIDE WHETHER OR NOT I WILL OFFICIATE
BASED ON A WIDE VARIETY OF FACTORS (MOST COMMONLY, SCHEDULE). TO INTRODUCE
LEGISLATION THAT PROTECTS ME FROM BEING SUED IS RIDICULOUS AND SUGGESTS THAT THERE
ARE SOME CIRCUMSTANCES UNDER WHICH I MIGHT BE SUED. WHY BRING THIS INTO
CONVERSATIONS WHERE IT IS NOT NECESSARY? PLEASE DO NOT MAKE CLERGY/CONGREGANT
RELATIONSHIPS MORE DIFFICULT.**

THANK YOU FOR YOUR CONSIDERATION.

REV. DR. JULIE FAITH PARKER

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?

YES____ No_X____

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

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? ___NA_____