Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, November 27, 2017

Name: Paul Wilkins

Organization (If Applicable): Student Legal Services, Inc. at OSU

Position/title: Chief Litigation Attorney

Address: 20 E. 11th Avenue

City: Columbus State: OH Zip: 43201

Telephone: 614-247-5853

Email: wilkins.10@osu.edu

Are You Representing: Yourself Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 282
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

• Committee Chair may limit testimony in the interest of time