

# WITNESS INFORMATION FORM

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: June 8, 2020

NAME: Beth Pratt

ORGANIZATION: \_\_\_\_\_  
(IF APPLICABLE)

POSITION/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: New Marshfield STATE: OH ZIP: 45766

TELEPHONE: \_\_\_\_\_

ARE YOU REPRESENTING: YOURSELF  ORGANIZATION \_\_\_\_\_

DO YOU WISH TO TESTIFY ON  
LEGISLATION (BILL NUMBER): 381  
SPECIFIC ISSUE: Stand Your Ground  
SUBJECT MATTER: \_\_\_\_\_

DO YOU FAVOR \_\_\_\_\_ OR OPPOSE  THE ENACTMENT OF LEGISLATION REGARDING THIS ISSUE?

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

It has been proven that this law is racially biased and will increase the rates of justifiable homicide (in FL, the murder rate increased by 22% with this law, and the rate of justifiable homicide increased by 75%. Further, a 2013 study in the Journal of Human Resources found that Stand Your Ground Laws "do not deter burglary, robbery, or aggravated assault," and a 2016 study in the Social Science Journal found that the SYG laws were not associated with crime rates. If this bill increases the rate of justifiable homicide and is not a deterrent for crime, it is not good for the state of Ohio.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?  
YES \_\_\_\_\_ NO

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

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? not testifying in person