

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, November 17, 2021

Name: Andrew DeFratis

Organization (If Applicable): Cleveland Rape Crisis Center

Position/title: Director of Public Affairs

Address: 2937 West 25th St., 2nd Floor

City: Cleveland State: OH Zip: 44113

Telephone: 216-798-0003

Email: adefratis@clevelandrcc.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 427
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- 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*