

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 06, 2023

Name: Traci Berri

Organization (If Applicable): Tuscarawas County Child Support Enforcement Agency

Position/title: Director

Address: 154 Second Street NE

City: New, Philadelphia      State: OH      Zip: 44663

Telephone: 3303653502

Email: traci.berri@jfs.ohio.gov

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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

Yes      No

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

How much time will your testimony require? 5

*Committee Chair may limit testimony in the interest of time*