

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 14, 2023

Name: Leigh Hall

Organization (If Applicable): Wingspan Care Group

Position/title: General Counsel

Address: 22001 Fairmount Blvd.

City: Shaker Heights                      State: OH              Zip: 44118

Telephone:

Email: halll@wingspancg.org

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: X
- Opponent:
- Interested Party:

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*