

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 04, 2025

Name: Michelle Lang

Organization (If Applicable):

Position/title: Direct Service Professional

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

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

Are You Testifying as a:

- Proponent: ☒
- 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?

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