

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: December 1, 2020

Name: Nicole M. Swecker

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 9393 Traceyton Drive

City: Dublin State: OH Zip: 43017

Best Contact Telephone: (614) 893-1826 Email: scottnic6@aol.com

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): SB 256

Specific Issue: \_\_\_\_\_

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? I emailed a written testimony as I am unable to attend the hearing.

Please provide a brief statement on your position:

I support passing SB 256 to give incarcerated juveniles who have been sentenced to life without parole a second chance to live a life of freedom.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*