# Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 14, 2017

Name: Marie Higgins

Organization (If Applicable): ARC Recovery

Position/title: Certified Peer Recovery Supporter

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself X Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 49
- 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 X

(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*