



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|--|-------------------------------|--|
| BILL NUMBER: HB 1179 | | DATE: 3/22/2021 | |
| COMMITTEE: Crime Prevention | | | |
| TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: arniedienoff@yahoo.com | | ATTENDANCE: Written | SUBMIT DATE: 3/22/2021 1:37 PM |

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

We need to insure that Victims of Sexual Assault are as treated immediately and all evidence is persevered for prosecution



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------------------------|---|--|
| BILL NUMBER: HB 1179 | | DATE: 3/22/2021 | |
| COMMITTEE: Crime Prevention | | | |
| TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JENNIFER CARTER DOCHLER | | PHONE NUMBER: 573-356-4109 | |
| REPRESENTING: MISSOURI COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE (MCADSV) | | TITLE: PUBLIC POLICY DIRECTOR | |
| ADDRESS: 217 OSCAR DRIVE, STE. A | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: jennnc@mocadsv.org | ATTENDANCE: Written | | SUBMIT DATE: 3/22/2021 8:41 AM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |

MCADSV Priority Legislation for 2021: HB 1179 The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy. MCADSV is a statewide membership association comprised of approximately 120 domestic violence and sexual assault agencies. In 2019, 9,057 individuals received services from a Missouri sexual assault program. This number does not include the 5,496 individuals who requested services yet were unmet because the program lacked the resources to meet the need. This number does not reflect the number of individuals who never request services as sexual assault is often an unreported crime, especially among the vulnerable. MCADSV supports HB 1179 which modifies provisions related to sexual offenses. This bill clarifies provisions that were signed into law in 2020 from SB 569. Although MCADSV staff are not there in-person, please do not hesitate to contact us if you have questions.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------|---|----------------------|
| BILL NUMBER: HB 1179 | | DATE: 3/22/2021 | |
| COMMITTEE: Crime Prevention | | | |
| TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JESSIE PETRIE | | PHONE NUMBER: 573-635-6092 | |
| REPRESENTING: BJC HEALTHCARE, COX HEALTH | | TITLE: | |
| ADDRESS: P.O. BOX 1805 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65102 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/22/2021 12:00 AM | |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|--|-------------------------------|---|
| BILL NUMBER: HB 1179 | | DATE: 3/22/2021 | |
| COMMITTEE: Crime Prevention | | | |
| TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ANITA GUESS | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: anitasneat@aol.com | | ATTENDANCE: Written | SUBMIT DATE: 3/21/2021 10:12 PM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |