

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 550				DATE: 2/15/2023			
COMMITTEE: Corrections and P	ublic Institutions		-				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMATIONAL PURPOSES				
		WITNESS NAME					
REGISTERED LO	OBBYIST:						
WITNESS NAME: DARRELL LEE MOORE			PHONE NUMBER: 573-751-0619				
REPRESENTING: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS; MISSOURI OFFICE OF PROSECUTION SERVICES			EXECUTIVE DIRECTOR				
ADDRESS: P.O. BOX 899, 200 MADISON STREET, SUITE 1060							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102			
EMAIL: Darrell.Moore@pr	osecutors.mo.gov	ATTENDANCE: In-Person	SUBMIT DATE: 2/15/2023 9:28 AM				
THE INCORMATION ON THIS CORM IS BUILD IN DECORD LINDER CHARTER 640, DOMO							

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

We support the proposed change to 559.036, and the end of earned compliance credits which are so confusing as to not being fully understood or explainable by anyone. The proposed change is simple, and easily understood and applied. Plus implementation should result in Probation and Parole Officers being freed up sooner in order to focus on the more serious probationers.



MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 550				DATE: 2/15/2023			
COMMITTEE: Corrections and P	ublic Institutions						
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES			
WITNESS NAME							
BUSINESS/ORGANIZATION:							
WITNESS NAME: JOHN MOSLEY			PHONE NUMI 573-522-5				
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF CORRECTIONS			TITLE: DEPUTY I	TITLE: DEPUTY DIVISON DIRECTOR			
ADDRESS: 3400 KNIPP DRIVE							
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109			
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/15/2023 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 550				DATE: 2/15/2023			
COMMITTEE: Corrections and Public Institutions							
TESTIFYING:	☐IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES			
		WITNESS NAME					
INDIVIDUAL:							
WITNESS NAME: ARNIE C "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUMB	PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:			
ADDRESS:							
CITY:			STATE:	ZIP:			
EMAIL: arniedienoff@yaho	o.com	ATTENDANCE: Written	SUBMIT DATE: 2/15/2023 11:51 PM				
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.							

I am Opposed to this Bill. Serve the Time that is given to the Defendant for harsh Crimes Committed