



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1950		DATE: 1/16/2024	
COMMITTEE: Children and Families			
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"		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 1/16/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/16/2024 11:28 PM

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

I am in Support of this Bill and the Bill of Rights Afforded to Foster Children throughout our State. For more of my Testimony see the House Committee Video Archives. The Child has Rights to Records, Right to belongings, Right to attend ALL Hearings, Right to Communicate and speak with Counsel, Right to Privacy, mail, and telephone conversations. The child MUST be part of the equation, placement and housing plans. the Child's BEST-Interest and Decisions NEEDS to be the focus!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person		SUBMIT DATE: 1/16/2024 11:38 PM

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I am in Support of the Bill of Rights to cover the Rights of Foster Children. For my In-depth Committee Testimony, please see the House Committee Archived Video.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMES KENDALL SEAL		PHONE NUMBER: 816-332-0222	
BUSINESS/ORGANIZATION NAME: CENTER FOR RIGHTS OF ABUSED CHILDREN		TITLE: VICE PRESIDENT	
ADDRESS: 3900 E. CAMELBACK, STE. 300			
CITY: PHOENIX		STATE: AZ	ZIP: 85018
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY WAGGENER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: marywaggener@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/10/2024 7:36 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIM FABER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 1/16/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LISA PANNETT		PHONE NUMBER: 314-221-4792	
REPRESENTING: ARMORVINE		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/16/2024 1:46 PM
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In addition to the rights listed in this bill, it should also include the right to be placed with extended family or members of the same tribe, in the case of indigenous children.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL DREYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/16/2024 1:45 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RYAN CONWAY		PHONE NUMBER: 573-751-2209	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF SOCIAL SERVICES		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 221 W. HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	
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