



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|---------------------------------|--------------------------|--|
| BILL NUMBER: HB 2411 | | DATE: 2/7/2024 | |
| COMMITTEE: Judiciary | | | |
| 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."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: 2/7/2024 11:58 PM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |



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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: BEN TERRELL | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES | | TITLE: LEGISLATIVE DIRECTOR | |
| ADDRESS: 912 WILDWOOD | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65109 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |

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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: GREGORY GOODWIN | | PHONE NUMBER: 573-751-7017 | |
| BUSINESS/ORGANIZATION NAME: MISSOURI ATTORNEY GENERAL's OFFICE | | TITLE: ASSISTANT ATTORNEY GENERAL | |
| ADDRESS: 221 W. HIGH STREET | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: JESSICA SEITZ | | PHONE NUMBER: 573-415-6228 | |
| BUSINESS/ORGANIZATION NAME: MISSOURI KIDS FIRST | | TITLE: EXECUTIVE DIRECTOR | |
| ADDRESS: 520 DIX ROAD, SUITE C | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65109 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |

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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: RYAN CONWAY | | PHONE NUMBER: 573-751-2209 | |
| BUSINESS/ORGANIZATION NAME: DEPT. OF SOCIAL SERVICES | | TITLE: LEGISLATIVE DIRECTOR | |
| ADDRESS: 221 W. HIGH STREET | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65109 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: TAYLOR JONES | | PHONE NUMBER: 573-751-1330 | |
| BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES | | TITLE: DEPUTY LEGISLATIVE DIRECTOR | |
| ADDRESS: 221 W. HIGH STREET | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: Taylor.Jones@dss.mo.gov | ATTENDANCE: Written | | SUBMIT DATE: 2/7/2024 3:44 PM |
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The Department of Social Services is in support of this legislation



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: WARD COOK | | PHONE NUMBER: 816-210-3278 | |
| REPRESENTING: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS | | TITLE: | |
| ADDRESS: 311 E. HIGH ST., #300 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: STEPHEN SOKOLOFF | | PHONE NUMBER: 573-751-2415 | |
| BUSINESS/ORGANIZATION NAME: MO OFFICE OF PROSECUTION SERVICES | | TITLE: SR. GENERAL COUNSEL | |
| ADDRESS: PO BOX 899 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65102 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/7/2024 12:00 AM | |
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