



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2691		DATE: 2/27/2024	
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: ALLEGRA PRICHARD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: otaku1@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:12 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANN ESTRADA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ann.estrada725@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 9:10 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANN NOREN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: anniepalmer26@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in support that parents whose children have been taken into "temporary protective custody" by CPS can GET THEIR CHILDREN BACK IMMEDIATELY, not weeks or months later, when the parent "provides proof that contradicts abuse or neglect allegations". Additionally, as written, the bills state that "[d]uring an investigation of abuse or neglect or an assessment provided under subsection 2 of this section, the department of health and senior services shall refer a child's case for consideration with a specialist if: ... (3) The child's parent, legal guardian, or legal representative requests a specialty consultation". That means a physician trained in complex medical problems that can mimic the signs of child abuse, even such a physician of the parents choosing, will review your child's records, not just a "Child Abuse" pediatrician.



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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: 2/27/2024 11:33 PM
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I am in Support of this Bill on its face and its intension. Isn't this Bill covered in other Sections of the State Statue?



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BOB DEHN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bobdehn@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:16 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRANDY ADAMS-CRISEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: brandycrisel@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 7:57 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRENDA S. HOPFER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: brenda.hopfer55@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:39 PM
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Parents rights need to be protected			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CAROL ALLERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: carol.allers@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:19 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHARLENE MULLET		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cmullet@att.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 6:23 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHARLOTTE POIRIER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: peacockcramer@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:26 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTINE UMFLEET		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: caumfleet@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 2:06 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CINDY DEGGENDORF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cindydeggen@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 6:57 PM
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Parents whose children have been taken into "temporary protective custody" by CPS should be able to get their children back immediately, not weeks or months later, when the parent "provides proof that contradicts abuse or neglect allegations"



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: COURTNEY HILL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: echill21@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 7:12 PM

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Child Protective Services has far too much power given their level of competency and/or trustworthiness. Providing good parents mechanisms to fight for their kids when mistakes are made by CPS and/or CPS' "favorite" doctors is TOTALLY needed. Please pass this legislation.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DEENA CATES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Catesjd@aol.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:34 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DOROTHY L GRAVES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dottile46@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 9:25 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ESTHER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: estherlovesmichael@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 8:26 PM

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I am in support of parents being able to call in a physician of their choosing to examine their child for conditions that can be confused for mistreatment of a child.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ESTHER YODER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: estherfaith85@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:31 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GARY MULLET		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: garymullet@att.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 3:29 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GARY RIDENHOUR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Mach1Mustang@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 4:57 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAMES F. HOLDERMAN III		PHONE NUMBER: 941-840-1499	
BUSINESS/ORGANIZATION NAME: STAND FOR HEALTH FREEDOM		TITLE: STATE DIRECTOR - MISSOURI	
ADDRESS: 1460 W 86TH ST.			
CITY: INDIANAPOLIS		STATE: IN	ZIP: 46260
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JEANNE HENSLEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: countrybumpkin@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:23 PM
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These very important bill needs to be passed immediately. Government agencies do not constitutionally have the power they've been taking over families and far too many children have been traumatized and families torn apart due to this abuse of power.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JEMIMA AUGUSTINOV		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mimagemja1@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 5:17 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER HIGGINBOTHAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jenstampnclean@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 6:09 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNY R DUNHAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: creativemusician@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 7:38 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KELLY OTT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kellycupcake007@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:39 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIMBERLY SCOTT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kimberlyfern@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:42 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIMBERLY SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2024 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIRBY PESTKA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: KirbyLane@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:11 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEGAN A MARTIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mam@calamatainc.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 3:54 AM
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When CPS removes children from the care of their parents for investigation of child abuse, the base assumption is that anything they see that COULD be child abuse IS DEFINITELY child abuse. That's presumptive guilt and NOT the way the process should work. In this country, we presume innocence, not guilt. My sister's son has a rare medical condition and it results in some of the same conditions as child neglect. She came very close to losing custody of her critically ill child to a government agency because her and her doctor's clear and accurate claims were ignored in favor of presumed guilt. THAT IS WRONG. It should never happen. She was fortunate to avoid the life-long harm that could have been done to her son and her family if her son had been taken from their home and wrongly placed in "protective" care. Many families are not so lucky. Their children are removed both from the safe environment of the family home and the diligent care of their caring physicians by this incorrect and abusive presumption of guilt. In protecting children, there is a need to provide a rapid and open-to-facts process with a presumption of innocence to minimize any harm done to the child and their family, and to maintain the health care the child actually needs. I support this bill, please move to enact it.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MELISHA MEREDITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: melisha.meredith@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:14 PM
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I appreciate your support on this bill.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: MichaelWesten.3up@protonmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:19 PM

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I SUPPORT HB 2691 as originally drafted. That being said, I would like to see the term "reasonable cause" more clearly defined.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: NEAL KINSEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nealkinsey@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 9:44 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2691		DATE: 2/27/2024	
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: PAM POWERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: pampowers63@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 8:37 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: PHYLLIS STARK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sparkynu@comcast.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 3:21 PM
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I support parents rights.			



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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: REBECCA WANOSIK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2024 12:00 AM
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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: RON ALBERICO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rodimusprime3@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:21 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RON MARR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: r.marr@mail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:28 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STACY COUNCIL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: stacyrw@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:12 PM
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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: STEPHEN RAY MILLS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bmills1953@att.net	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:20 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN COLE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: asoulwithabody4christ@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 8:46 PM
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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: SUSAN MORESHEAD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: greatschoolmom@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 3:25 PM
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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: SUSANMMCCONNELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: grandmasuzu2@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 3:46 PM
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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: TESSA GORZIK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2024 12:00 AM
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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: WENDY MALAWY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: feenewbird@aol.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 5:49 PM
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Parents should be seen as innocent until proven guilty. CPS assumes guilt and it takes months and thousands of dollars for a parent to prove their innocence all the while with the kids being stuck in an unhealthy foster care system. CPS has been given too much power. Government and government employees, themselves trapped in bureaucratic red tape, are quick to ensnare parents who medically act and think differently than the current western medicine system and/or act and think differently than the current propagated secular norms that blatantly contradict a biblical Christian world view. CPS inappropriately assumes guilt and removes children from loving homes and makes it impossible for kids to be immediately reunited with their parents. This is a traumatic experience for the whole family and needs to be stopped. Parents **MUST** be given an option to show proof they have been inappropriately accused of "abuse or neglect" and be reunited with their children instantly.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WILLIAM A SPRICK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wsprick18@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 4:47 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA SEITZ		PHONE NUMBER: 573-415-6228	
REPRESENTING: MISSOURI NETWORK OF CHILD ADVOCACY CENTERS DBA MISSOURI KIDS FIRST		TITLE:	
ADDRESS: 520 DIX ROAD, SUITE C			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			