

BILL NUMBER: SB 862				DATE: 4/30/2024	
COMMITTEE: General Laws			-		
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: ALEX EATON			PHONE NUMB 573-616-98		
REPRESENTING: THE CENTER FOR	R RIGHTS OF ABUSED	CHILDREN	TITLE:		
ADDRESS: 3900 E. CAMELBACK ROAD, SUITE 300					
CITY: PHOENIX			STATE: AZ	ZIP: 85018	
EMAIL:		ATTENDANCE:	SUBMIT D 4/30/20	OATE: 24 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF,	STATE PUBLIC ADV	PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 4/30/20	ATE: 24 12:00 AM
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BILL NUMBER: SB 862				DATE: 4/30/2024
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JASON T WHITE			PHONE NUMBE	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jason.white3254@	gmail.com	ATTENDANCE: Written	SUBMIT DA 4/29/202	ATE: 24 2:20 PM

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

My wife and I had a foster teen for 2.5 years, he is back with us at age 20 instead of being homeless. His family only wanted him when he had the money related to the death benefit from his mother. Once those funds were spent they did not want him. The state took the funds during his 2.5 years with us. He currently has nothing but the clothes he wears. He is in Job Corp and we will help him with a car and apt etc when the time arrives but the system that takes the few funds that these kids should have, we should not be shocked when they are homeless, on drugs or in our prisions. Joyce and Jason White, 1024 South Forest Independence



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JOHN GAMBLE			PHONE NUME 573-821-5 2	
REPRESENTING: MISSOURI ALLIAN	ICE OF YMCAS		TITLE:	
ADDRESS: 27 N GRACE LN, 1	02			
CITY: COLUMBIA			STATE: MO	ZIP: 65201
EMAIL: jack@molobby.co	m	ATTENDANCE: In-Person	SUBMIT 0 4/30/20	OATE: 24 12:25 PM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KYNA IMAN			PHONE NUME 314-651-1	
REPRESENTING: MO PARK & RECR	REATION ASSOCIATIO	N	TITLE:	
ADDRESS: P.O. BOX 1483				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT I 4/30/20	DATE: 124 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: MADISON EACRE	т		PHONE NUMB 314-882-1 (
REPRESENTING: FOSTER ADOPT O	CONNECT		TITLE:	
ADDRESS: 124 E. HIGH STRE	ET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 4/30/20	OATE: 24 12:00 AM
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: NATALIE HAMPTO	N		PHONE NUME 573-303-2	
REPRESENTING: MISSOURI AFTERS	CHOOL NETWORK		TITLE:	
ADDRESS: 1109 JEAN RAE DR	₹.			
CITY: COLUMBIA			STATE: MO	ZIP: 65203
EMAIL:		ATTENDANCE:	SUBMIT D 4/30/20	OATE: 24 12:00 AM
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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: NIKKI STRONG			PHONE NUME 573-634-4	
REPRESENTING: FOSTER AND ADC CHILDREN	PTIVE CARE COALITI	ON, MO COALITION FOR	TITLE:	
ADDRESS: 213 EAST CAPITO	L AVENUE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 4/30/20	DATE: 124 12:00 AM
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: ROBYN SCHELP			PHONE NUME 660-441-3	
REPRESENTING: KIDS WIN MISSOL	JRI		TITLE:	
ADDRESS: 3909 SHERMAN C	OURT			
CITY: COLUMBIA			STATE: MO	ZIP: 65203
EMAIL:		ATTENDANCE:	SUBMIT 0 4/30/20	DATE: 124 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: SB 862				DATE: 4/30/2024
COMMITTEE: General Laws				•
TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	NATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JEFFREY A. J. MIL	LAR		PHONE NUM 636-448-4	
REPRESENTING: THE LEAD LOBBY	rists		TITLE: ATTORNE	ΕΥ
ADDRESS: P.O. BOX 1375				
CITY: SAINT CHARLES			STATE: MO	ZIP: 63302
EMAIL: millarlawfirm@gm	ail.com	ATTENDANCE: Written	SUBMIT 4/30/20	DATE: 024 12:35 PM

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

As written, the 452.375.2 amendment reverts to requiring a child to choose his or her custodian (i.e. parent) as opposed to his or her custodial arrangement (the totality of the context of living arrangements). This is important because instead of asking a child to pick between his mom OR dad, why can't the child be asked to pick his mom AND dad? That's the public policy of the state in 452.375.4 which this version ignores. Second, a new appellate court case (OHB v. LYS 2023) held that 4 out of 14 nights is sufficient to meet the state's public policy of frequent, continuing and meaningful contact after divorce or separation between parent and child because the definition of "joint physical custody" in the statute says it is "significant but not necessarily equal." But nobody seriously thinks 4 out of 14 overnights qualifies as such, because that's what the same appellate court said in Morgan v. Morgan (2016).



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	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: JEREMY ROBERTS		PHONE NUM 636-634-7	
REPRESENTING: LEAD LOBBYISTS (LEARN, EDUCATI	E, ADVOCATE, DUPLICATE) TITLE:	
ADDRESS: P.O. BOX 1375			
CITY: ST. CHARLES		STATE: MO	ZIP: 63302
EMAIL:	ATTENDANCE:	SUBMIT 4/30/20	DATE:)24 12:00 AM
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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: RYAN CONWAY			PHONE NUME 573-751-2	
BUSINESS/ORGANIZATION DEPT. OF SOCIAL			TITLE: LEGISLA	TIVE DIRECTOR
ADDRESS: 221 W. HIGH STRI	EET			
CITY: JEFFERSON CITY	•		STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT I 4/30/20	DATE: 124 12:00 AM
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		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: TAYLOR JONES			PHONE NUMBER: 573-751-1330		
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES			DEPUTY LEGISLATIVE DIRECTOR		
ADDRESS: 221 W. HIGH STRE	ET				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/30/2024 12:00 AM		
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