



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 43		DATE: 4/2/2025	
COMMITTEE: Judiciary			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER: 816-294-0497	
REPRESENTING: ENOUGH ABUSE		TITLE:	
ADDRESS: 205 EAST CAPITOL AVENUE, SUITE 100			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID WINTON		PHONE NUMBER:
REPRESENTING: FAMILY FORWARD; BJC HEALTHCARE; BRIGHLI; COX HEALTH; CHILDREN'S' PERMANENCY PARTNERSHIP		TITLE:
ADDRESS:		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/2/2025 12:43 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ELIZABETH WEISS		PHONE NUMBER: 202-641-0041	
REPRESENTING: MISSOURI APPLESEED		TITLE:	
ADDRESS: 100 TUCKER BLVD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63130
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMIE SKINNER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/2/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-634-4876	
REPRESENTING: MO COALITION FOR CHILDREN		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WILLIAM ATHERTON		PHONE NUMBER: 573-874-0179	
BUSINESS/ORGANIZATION NAME: COYOTE HILL		TITLE: CEO	
ADDRESS: PO BOX 1			
CITY: HARRISBURG		STATE: MO	ZIP: 65256
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOOF STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LARA UNDERWOOD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lara@lawunderwood.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/2/2025 11:10 AM
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Many federal funds to CD require a GAL be appointed for every minor in all child welfare cases, CAN and delinquency. This is not accounted for in the fiscal note or the legislation making a GAL optional. The appointment of an attorney once a child turns 14 should be MAY not SHALL and left to the discretion of the judge based on each individual case. Same language added by the Senate to HB737 and 486. Those need to go to conference.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: PATRICK LUEBBERING		PHONE NUMBER: 573-751-7533
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF SOCIAL SERVICES		TITLE: CFO
ADDRESS: 221 WEST HIGH STREET. P.O. BOX 1082		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM
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