

# WITNESS REGISTRATION

Committee Name: JWMHS

Public Hearing on: HB 2393 Date: 6-18-2015

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
CHUCK HILNER DHS OFFICE OF PAYMENT ACCURACY AND RECOVERY		✓				✓		✓