

*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.				
Hearing Date: 1/27/2010				
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:				
Testimony on Bill #: H 3897				
ORAL TESTIMONY: In support of (In opposition to ()				
TO BE RECORDED ONLY: in support of () In opposition to ()				
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (No ()				
NAME (please print): ROBIN Snyder-Dmmmond				
ORGANIZATION AND BITTH ready 366 grove St. Meliose M				
TELEPHONE #: 617 435 0693				
EMAIL ADDRESS: NObin @ birthready.com				
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair				



*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.
Hearing Date: 1/21/10
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:
Testimony on Bill #: H 3897 S S S S S S S S S S S S S
ORAL TESTIMONY: In support of (In opposition to ()
TO BE RECORDED ONLY: In support of () In opposition to ()
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No (
NAME (please print): Stephau'e Rand
ADDRESS: 102 thy be Park the JP, 02130
TELEPHONE #: 6/7-388-4257
EMAIL ADDRESS: Steph. Vand Demail, com
Please submit this completed form to committee staff prior to hearing.
Thank you,
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair



*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.				
Hearing Date: 1-27-\$0				
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Testimony on Bill #: H 3897				
ORAL TESTIMONY: In support of () In opposition to ()				
TO BE RECORDED ONLY: In support of () In opposition to ()				
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (Y No ()				
NAME (please print): MATH-(A 330 IT				
ORGANIZATION AND ADDRESS: 132 WATER ST BEVELY MA				
TELEPHONE #: 978 922 4289				
EMAIL ADDRESS: ABBOTT KATHY @ concast. NCT				
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair				



*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.
Hearing Date: 1/24/2010
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:
Testimony on Bill #: H 3897 S
ORAL TESTIMONY: In support of (In opposition to ()
TO BE RECORDED ONLY: In support of () In opposition to ()
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()
NAME (please print): LORENZA HOU
ORGANIZATION AND BOSTM ASSOC by Children Education Address:
TELEPHONE #: 7.0. Box 29. Newtonville, 17.4 02460 6179533606
EMAIL ADDRESS: Ovenzahoute aprail. com
Please submit this completed form to committee staff prior to hearing.
Thank you,
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair



HEARING TESTIMONY FORM

*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.				
Hearing Date: 1710				
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:				
Testimony on Bill #: H 3897				
ORAL TESTIMONY: In support of () In opposition to ()				
TO BE RECORDED ONLY: In support of () In opposition to ()				
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()				
NAME (please print): Dr Evin Tracy ORGANIZATION AND				
ORGANIZATION AND MA ACOG Som College ADDRESS: MA ACOG (MS / Wyn)				
TELEPHONE #: (41) 726 3564				
EMAIL ADDRESS: EETracya partners. org				
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair				

Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair



*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.				
Hearing Date: 19710				
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:				
Testimony on Bill #: H 3897 S				
ORAL TESTIMONY: In support of () In opposition to				
TO BE RECORDED ONLY: In support of () In opposition to ()				
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()				
NAME (please print): Shella Sullwan				
ORGANIZATION AND POST partern Alumenos				
TELEPHONE #: (417 820 7826				
EMAIL ADDRESS: Sheela Sull want a yahoo Con-				
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutouijan, House Chair				



*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.				
Hearing Date: 27 Jan	2010			
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:				
Testimony on Bill #: H_S	3897			
ORAL TESTIMONY:	In support of 🔀	In opposition to ()		
TO BE RECORDED ONLY	: In support of ()	In opposition to ()		
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No (X)				
NAME (please print): Ellen Story				
	louse of Represental			
TELEPHONE #: 6	7-722-2012	·		
EMAIL ADDRESS: (4)	7-722-2012 D. ellenstory @ hou.	state.m.us		
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair				



*PLEASE COMPLETE ONE INTEND TO TESTIFY ON.	SHEET FOR <u>EACH</u> PIECE	OF LEGISLATION YOU	
Hearing Date: 27 Jan	2010		
If you would like to present of provide the following informations	oral testimony or be recorded ation:	l on any legislation, please	
Testimony on Bill #: H _ S	3897		
ORAL TESTIMONY:	In support of (✕̈́)	In opposition to ()	
TO BE RECORDED ONLY:	In support of ()	In opposition to ()	
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (No ()			
NAME (please print): Dr. William Beardslee			
ORGANIZATION AND CADDRESS:	hildrens Hospital	(Boston	
TELEPHONE #:	603-1 12 603-1 B	Soston, MA OZILS	
EMAIL ADDRESS: WI	lliam. beardslee@chil	drens. harvard. edu	
Please submit this completed form to committee staff prior to hearing.			
Thank you,			
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair			



HEARING TESTIMONY FORM

*PLEASE COMPLETE ONI INTEND TO TESTIFY ON.	E SHEET FOR <u>EACH</u> PIECE	OF LEGISLATION YOU
Hearing Date: 27 Jav	12010	
If you would like to present or provide the following information	oral testimony or be recorded ation:	l on any legislation, please
Testimony on Bill #: H S	3897	
ORAL TESTIMONY:	In support of $(\!$	In opposition to ()
TO BE RECORDED ONLY	: In support of ()	In opposition to ()
	IG ANY WRITTEN TESTIMO	NY? Yes() No()
NAME (please print): Ke	ep. Devise Provos	
ORGANIZATION AND HOLADDRESS:	use of Representati	ives, Room 473
TELEPHONE #: 617	7-722-2210	
EMAIL ADDRESS:	p. denise provost@ hou	I, State, ma. US
Please submit this comple	eted form to committee stat	ff prior to hearing.
Thank you,		
Senator Stephen J. Buonico	onti, Senate Chair	

Representative Peter J. Koutoujian, House Chair



HEARING TESTIMONY FORM

*PLEASE COMPLETE ONE INTEND TO TESTIFY ON.	E SHEET FOR <u>EACH</u> PIECE OF L	EGISLATION YOU	
Hearing Date: 27 Jan	2010		
If you would like to present of provide the following informations	oral testimony or be recorded on a ation:	any legislation, please	
Testimony on Bill #: H_S	3897		
ORAL TESTIMONY:	In support of ($ ightime{}{igwedge}$	In opposition to ()	
TO BE RECORDED ONLY:	: In support of ()	In opposition to ()	
WILL YOU BE SUBMITTIN	G ANY WRITTEN TESTIMONY?	Yes (⋉) No ()	
NAME (please print):K	ate Weldon LeBla	nc	
ORGANIZATION AND ADDRESS:	ate Weldon LeBlas wish Children's & Family Service HER 14 Eldora St.; Rox	chury Crossing, MA 02120	
TELEPHONE #: 18	1-647-5327		
EMAIL ADDRESS: KW	/leblanc@jfcsboston.orc)	
Please submit this completed form to committee staff prior to hearing.			
Thank you,			
Senator Stephen Buonico	onti. Senate Chair		

Representative Peter J. Koutoujian, House Chair



*PLEASE COMPLET INTEND TO TESTIFY		ET FOR <u>EACH</u>	PIECE OF L	EGISLATIO	N YOL	J
Hearing Date: 27.	Jan 2010					
If you would like to proprovide the following i	esent oral tes information:	timony or be re	corded on a	ny legislatior	ո, plea։	se
Testimony on Bill #:	н <u> 3897</u> s	7				
ORAL TESTIMONY:	Ir	support of ($\!$		In oppositio	n to ()
TO BE RECORDED	ONLY: in	support of ()	l .	In opposition	on to ()
WILL YOU BE SUBM			STIMONY?	Yes (∕<)	No ()
NAME (please print)): <u>/ (</u>	1- 10				_
ORGANIZATION AN ADDRESS:	Dago Harr Boston, N	dical Society Sou Avenue 9 14 02118	#fl.			
TELEPHONE #:	617-1	638-800	<u> </u>			
EMAIL ADDRESS:	dshow	Obv.edi	<u>) </u>			_
Please submit this c	ompleted fo	rm to committ	ee staff pric	r to hearing	J .	
Thank you,						
Senator Stephen J. B Representative Peter						



*PLEASE COMPLET INTEND TO TESTIFY	E ONE SHEET FOR <u>EACH</u> PIE('ON.	CE OF LEGISLATION YOU		
Hearing Date: 27	Jan 2010			
If you would like to present oral testimony or be recorded on any legislation, please provide the following information:				
Testimony on Bill #:	н <u>3897</u> s			
ORAL TESTIMONY:	In support of ($ ot\!$	In opposition to ()		
TO BE RECORDED	ONLY: In support of ()	In opposition to ()		
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes () No ()				
NAME (please print): Rep. Kay Khan				
ORGANIZATION AND House of Representatives, Room 146				
TELEPHONE #:	617 - 722 - 2011			
EMAIL ADDRESS:	617-722-2011 rep. Kay Khan @ hov-s7	tate.ma.vs		
Please submit this completed form to committee staff prior to hearing.				
Thank you,				
Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair				



INTEND TO TESTIFY		EGISLATION YOU
Hearing Date: 27	Jan 2010	
If you would like to pre provide the following i	esent oral testimony or be recorded on ar nformation:	າy legislation, please
Testimony on Bill #:	H 3897 S	
ORAL TESTIMONY:	In support of (⋉)	In opposition to ()
TO BE RECORDED (ONLY: In support of ()	In opposition to ()
	ITTING ANY WRITTEN TESTIMONY?	Yes (X) No ()
NAME (please print)	: Lisa Waxman	
ORGANIZATION ANI ADDRESS:	9 Pontiac Road Peabody, MA 01960	
TELEPHONE #:	617-943-9342	
EMAIL ADDRESS:	11sa.waxman@yahoo.co	om
	ompleted form to committee staff prio	
Thank you,		
•	uoniconti, Senate Chair J. Koutoujian, House Chair	



*PLEASE COMPLET INTEND TO TESTIFY		HEET FOR <u>EACH</u> PI	ECE OF LE	EGISLATIOI	NOA N
Hearing Date: 27	Jan 20	010			
If you would like to pr provide the following	esent oral information	testimony or be reco า:	orded on an	y legislatior	ı, please
Testimony on Bill #:	н <u>38</u> s	77			
ORAL TESTIMONY:		In support of ($\stackrel{>}{>}$)	•	In oppositio	n to ()
TO BE RECORDED	ONLY:	In support of ()		In oppositio	n to ()
WILL YOU BE SUBI	IITTING A	NY WRITTEN TEST	TIMONY?	Yes 💢	No ()
NAME (please print): <u>Dr. H</u>	lison Schonwa	la .		
NAME (please print ORGANIZATION AN ADDRESS:	D Childre	Boly Boy 1 ston S	7. Buston	MA 02	2115
TELEPHONE #:	617-	355-4125			
EMAIL ADDRESS:	alligon.	schon wald Och	ldrens. how	vard. edu	
Please submit this o	ompleted	form to committee	staff prio	r to hearing	j.
Thank you,					
Senator Stephen J. B Representative Peter					



INTEND TO TESTIFY	ONE SHEET FOR <u>EACH</u> PIECE ON.	e of Legislation 100
Hearing Date: 27 _	Jan 2010	
If you would like to pres provide the following inf	ent oral testimony or be recorde formation:	ed on any legislation, please
Testimony on Bill #:	H_3897 S	
ORAL TESTIMONY:	In support of ($igwedge$)	In opposition to ()
TO BE RECORDED ON	NLY: In support of ()	In opposition to ()
WILL YOU BE SUBMIT	TING ANY WRITTEN TESTIMO	ONY? Yes 🚫 No()
NAME (please print):	Dr. Shari Nether sole	2
ORGANIZATION AND ADDRESS:	Children's Hospital Bosto 1295 Boylston St. Boston, MA 02115	· · · · · · · · · · · · · · · · · · ·
TELEPHONE #:	617 919 3059	
EMAIL ADDRESS:	shari.nethersde @chilo	drens. harvard. edu
	mpleted form to committee sta	
Thank you,		
Senator Stephen J. Buo Representative Peter J.	oniconti, Senate Chair Koutoujian, House Chair	



*PLEASE COMPLETE ONE SINTEND TO TESTIFY ON.	SHEET FOR <u>EACH</u> PIECE OF L	EGISLATION YOU
Hearing Date: 27 Jan	2010	
If you would like to present ora provide the following information	al testimony or be recorded on a on:	ny legislation, please
Testimony on Bill #: HS	1897	
ORAL TESTIMONY:	In support of (≺)	In opposition to ()
TO BE RECORDED ONLY:	In support of ()	In opposition to ()
WILL YOU BE SUBMITTING A	any written testimony?	Yes (🗡) No ()
ORGANIZATION AND 53 ADDRESS:	Market St., Apt 2 h bridge, MA 02139	
TELEPHONE #: 617-		
EMAIL ADDRESS: Sien	vette partners.org	\
Please submit this complete	d form to committee staff price	or to hearing.
Thank you,		
Senator Stephen J. Buoniconti Representative Peter J. Kouton		



*PLEASE COMPLETE ONE INTEND TO TESTIFY ON.	SHEET FOR <u>EACH</u> PIECE	OF LEGISLATION YOU
Hearing Date: 27 Jan	2010	
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Testimony on Bill #: H_S	3897	·
ORAL TESTIMONY:	In support of ($ ot\!$	In opposition to ()
TO BE RECORDED ONLY:	In support of ()	In opposition to ()
WILL YOU BE SUBMITTING		
NAME (please print):	iala Buonicont 5H-Chelsea	<u> </u>
ORGANIZATION AND 48 ADDRESS:	Cotting St., Medfor	d MA 02155
TELEPHONE #: 617	-887-3814	
EMAIL ADDRESS: 1bv	ioniconti@partner	13.00g
Please submit this comple	ted form to committee sta	ff prior to hearing.
Thank you,		
Senator Stephen J. Buonico Representative Peter J. Kou		



HEARING TESTIMONY FORM

*PLEASE COMPLETE ONE INTEND TO TESTIFY ON.	E SHEET FOR <u>EACH</u> PIECI	E OF LEGISLATION YOU
Hearing Date: 27 Jav	2010	
If you would like to present of provide the following informations:	oral testimony or be recorde ation:	d on any legislation, please
Testimony on Bill #: H S	3897	
ORAL TESTIMONY:	In support of ($ ightharpoonup$	In opposition to ()
TO BE RECORDED ONLY:	: In support of ()	In opposition to ()
WILL YOU BE SUBMITTIN NAME (please print): $\frac{0}{2}$		ONY? Yes (X) No ()
NAME (please print): V	Sargent St., Cambric	1-2 MA 0211/0
	Society for the Prevention of	
TELEPHONE #: 6	17-587-1506	
EMAIL ADDRESS: MS	udders@mspca	corg
Please submit this comple	eted form to committee sta	aff prior to hearing.
Thank you,		
Sanatar Stanhan I Ruanica	onti Sanata Chair	

Representative Peter J. Koutoujian, House Chair



*PLEASE COMPLET INTEND TO TESTIFY		SHEET FOR	EACH PIECE OF	LEGISLATIC	N YOU	J
Hearing Date: 27	Jana	2010				
If you would like to proprovide the following i			or be recorded on	any legislatio	n, plea	se
Testimony on Bill #:	н <u>3</u> s	897				
ORAL TESTIMONY:		In suppor	t of (🔀)	In opposition	on to ()
TO BE RECORDED	ONLY:	In suppor	t of ()	In opposition	on to ()
WILL YOU BE SUBM						
NAME (please print)	: <u> Dr.</u>	Michael	Yoqman_			_
NAME (please print) ORGANIZATION ANI ADDRESS:	DAmeri 575	can Associ Mt. Aubu	ation of fedication	ridge, MA	021	<u>3</u> 8
TELEPHONE #:	617.	-864-70	071			
EMAIL ADDRESS:	myo	gman@	massmed.or	7		
Please submit this c	omplete	ed form to co	ommittee staff pri	ior to hearin	g.	
Thank you,						
Senator Stephen J. Boresentative Peter						



*PLEASE COMPLETE ON INTEND TO TESTIFY ON	NE SHEET FOR <u>EACH</u> PIECE	OF LEGISLATION YOU
Hearing Date: 27 Jo	in 2010	
If you would like to presen provide the following inform	t oral testimony or be recorded mation:	on any legislation, please
Testimony on Bill #: H _ S _	3897	
ORAL TESTIMONY:	In support of $(\overleftarrow{\lambda})$	In opposition to ()
TO BE RECORDED ONL	Y: In support of ()	In opposition to ()
WILL YOU BE SUBMITTI	NG ANY WRITTEN TESTIMOI	NY? Yes() No()
NAME (please print):	r. Howard King	
ORGANIZATION AND 200 ADDRESS:	autogegebeldedepoldedepoldede 00 Washington St., Svite 12,	1) Newton, MA 02462
TELEPHONE #: 6	7-244-0021	
EMAIL ADDRESS: h	owieking Paol.com	1
	leted form to committee staff	
Thank you,		
Senator Stephen J. Buonic Representative Peter J. Ko		



HEARING TESTIMONY FORM

*PLEASE COMPLETINTEND TO TESTIF		HEET FOR <u>EACH</u> PIE	CE OF LE	GISLATION YOU	J
Hearing Date: 27	Jan 20	00			
If you would like to pr provide the following		testimony or be recor า:	ded on any	y legislation, plea	se
Testimony on Bill #:	: н <u>38</u> s	97			
ORAL TESTIMONY:		In support of $(\!$	ļ	n opposition to ()
TO BE RECORDED	ONLY:	In support of ()	I	n opposition to ()
		NY WRITTEN TESTI	MONY?	Yes (X No ()
NAME (please print): <u>Dr. E</u> c	twardz. Tronick	· · · · · · · · · · · · · · · · · · ·		_
ORGANIZATION AN ADDRESS:	<u>Childre</u>	ins' Hospital Bost	ton, 129:	s Boylston St.,	Poston 10211
TELEPHONE #:	85	7-218-436	0		- -
EMAIL ADDRESS:	ed.tra	nick Ochildre	ns. har	vard.edu	
Please submit this o	ompleted:	form to committee s	staff prior	to hearing.	
Thank you,					
Senator Stephen I R	uoniconti	Sanata Chair			

Representative Peter J. Koutoujian, House Chair



*PLEASE COMPLETE ON INTEND TO TESTIFY ON.	IE SHEET FOR <u>EACH</u> PIECE OF	LEGISLATION YOU
Hearing Date: 27 Jav	1 2010	
If you would like to present provide the following inform	oral testimony or be recorded on nation:	ı any legislation, please
Testimony on Bill #: H_S_	3897	
ORAL TESTIMONY:	In support of 💢	In opposition to ()
TO BE RECORDED ONLY	: In support of ()	In opposition to ()
	NG ANY WRITTEN TESTIMONY	? Yes () No ()
NAME (please print):		
ORGANIZATION AND 3	g Pleasant St. Karon, MA 02067	
TELEPHONE #:	781-784-8892	
EMAIL ADDRESS: dr	esnick@nixonpeal	body.com
Please submit this compl	eted form to committee staff p	rior to hearing.
Thank you,		
Senator Stephen J. Buonic Representative Peter J. Ko		



*PLEASE COMPLETE ONE SINTEND TO TESTIFY ON.	SHEET FOR <u>EACH</u> PII	ECE OF LEGISLATION YOU
Hearing Date: 27 Jan	2010	
If you would like to present or provide the following information		rded on any legislation, please
Testimony on Bill #: H 3°	897	
ORAL TESTIMONY:	In support of (\swarrow)	In opposition to ()
TO BE RECORDED ONLY:	In support of ()	In opposition to ()
WILL YOU BE SUBMITTING		,
NAME (please print):	thleen A. M	ontesi
ORGANIZATION AND 13 C ADDRESS: 6 las	ton bury, CT Ob	
TELEPHONE #: 960 -	-633-4090	
EMAIL ADDRESS: Mik	e-montesice	sbcglobal.net
Please submit this complete	ed form to committee	staff prior to hearing.
Thank you,		
Senator Stephen J. Buonicont Representative Peter J. Kouto		



HEARING TESTIMONY FORM

*PLEASE COMPLETE ONE SHEET FOR <u>EACH</u> PIECE OF LEGISLATION YOU INTEND TO TESTIFY ON.
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Testimony on Bill #: H 3897
ORAL TESTIMONY: In support of (X) In opposition to ()
TO BE RECORDED ONLY: In support of () In opposition to ()
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes (<) No ()
NAME (please print): W. Jamice Goodman MA General Hospital Institute of Health Plofessions School of Non
NAME (please print): Dr. Janice Goodman MA General Hospital Institute of Health Plofessions School of Non ORGANIZATION AND 69 Mystic Valley Parkway ADDRESS: Winchester, MA 01890
TELEPHONE #: 617-726-0862
EMAIL ADDRESS: jgoodman@mghihp.edu
Please submit this completed form to committee staff prior to hearing.
Thank you,

Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair



HEARING TESTIMONY FORM

*PLEASE COMPLETE INTEND TO TESTIFY (ONE SHEET FOR <u>EACH</u> PIECE OF L ON.	EGISLATION YOU	J
Hearing Date: 27	Jan 2010		
If you would like to pres provide the following int	sent oral testimony or be recorded on a formation:	ny legislation, plea	se
	н <u> 3897</u> s		
ORAL TESTIMONY:	In support of $(\!$	In opposition to ()
TO BE RECORDED OF	NLY: In support of ()	In opposition to ()
WILL YOU BE SUBMIT	TTING ANY WRITTEN TESTIMONY?	Yes 🏹 No ()
NAME (please print):		re Info Day	
ORGANIZATION AND ADDRESS:	Jewish Children and tamily serv 1430 Main St. Waltham, MA 02451	miant-faient	Irannic Lustitule
TELEPHONE #:	BAT 781-647-5327		_
EMAIL ADDRESS: _	pkaufman@jfcsbo	ston.org	
Please submit this co	mpleted form to committee staff prio	or to hearing.	
Thank you,			

Senator Stephen J. Buoniconti, Senate Chair Representative Peter J. Koutoujian, House Chair



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Testimony on Bill #: H <u>3897</u> S
ORAL TESTIMONY: In support of (>) In opposition to ()
TO BE RECORDED ONLY: In support of () In opposition to ()
WILL YOU BE SUBMITTING ANY WRITTEN TESTIMONY? Yes No ()
NAME (please print): Jeanne Watson Driscol
ADDRESS: W. Roxbury MA
TELEPHONE #: $6(7-525-8740)$
EMAIL ADDRESS: judassociates Caol. com
Please submit this completed form to committee staff prior to hearing.
Thank you,
Senator Stephen I. Buoniconti. Senate Chair

Representative Peter J. Koutoujian, House Chair