

3195  
BILL OR RESOLUTION NUMBER

# RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Crim Committee DATE 2/29/12

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Terrill Swift  
Firm/Business/Agency \_\_\_\_\_  
Address 2920 Roberts Dr. City Woodridge State IL Zip 60517  
Title \_\_\_\_\_

## II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance \_\_\_\_\_

## III. POSITION (Check appropriate box)

Original Bill <u>3195</u>	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

## IV. TESTIMONY (Check appropriate box)

Oral       Written Statement Filed       Record of Appearance Only

Signature Terrill Swift

SB3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
STATE SENATE

COMMITTEE Criminal Law DATE 2/23/12

OTHER (Subject matter) \_\_\_\_\_

I. IDENTIFICATION

Name Garvin G. Ambrose  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title Assistant State's Attorney

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance  
Cook County State's Attorney's Office

III. POSITION (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Conference Committee Report # \_\_\_\_\_  Proponent  Opponent  No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral  Written Statement Filed  Record of Appearance Only

Signature [Handwritten Signature]

SB3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
STATE SENATE

COMMITTEE Com DATE 2-29-72

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name MATT SONES  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance States Attys

**III. POSITION** (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input checked="" type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral       Written Statement Filed       Record of Appearance Only

Signature Matt Sones

SB 3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Crim Law DATE 2/29/12

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Steven Drizin  
Firm/Business/Agency \_\_\_\_\_  
Address 357 E Chicago City Chicago State IL Zip 60611  
Title \_\_\_\_\_

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance Center on Wrongful Convictions

**III. POSITION** (Check appropriate box)

Original Bill <u>3195</u>	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral  Written Statement Filed  Record of Appearance Only

Signature Steven Drizin

SB 3195  
BILL OR RESOLUTION NUMBER

# RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE SENCR: on Law DATE 2/29/12

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Steve Baker  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_

## II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance  
COOK COUNTY Public Defender

## III. POSITION (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Conference Committee Report # \_\_\_\_\_  Proponent  Opponent  No Position on Merits

## IV. TESTIMONY (Check appropriate box)

Oral  Written Statement Filed

Record of Appearance Only  
Signature Steve Baker

SB 3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Crim Law DATE 2/29/12

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Elizabeth Clarke  
Firm/Business/Agency \_\_\_\_\_  
Address 518 Davis # 211 City Evanston State IL Zip 60201  
Title \_\_\_\_\_

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance Juvenile Justice Initiative

**III. POSITION** (Check appropriate box)

Original Bill _____	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral       Written Statement Filed       Record of Appearance Only

Signature [Signature]

SB 3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
STATE SENATE

COMMITTEE Crim Law DATE 2/29/12  
OTHER (Subject matter) \_\_\_\_\_

I. IDENTIFICATION

Name Tom Walsh  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance Juvenile Justice Institute

III. POSITION (Check appropriate box)

Original Bill _____	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral  Written Statement Filed  Record of Appearance Only

Signature Tom Walsh

SB 3195  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Criminal law DATE 2/29/

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Matthew Bloom  
Firm/Business/Agency Juvenile Justice Initiative (JJI)  
Address 518 Davis St. City Evanston State IL Zip 60201  
Title policy advocate for JJI

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance Juvenile Justice Initiative (JJI)

**III. POSITION** (Check appropriate box)

Original Bill _____	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral

Written Statement Filed

Record of Appearance Only

Signature Matthew Bloom



**SB 3195**  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Criminal Law DATE 2/29

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name GREG SULLIVAN  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title EXEC. DIRECTOR

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance  
IL SHERIFFS' ASSOC

**III. POSITION** (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input checked="" type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral                       Written Statement Filed                       Record of Appearance Only

Signature Greg Sullivan

**SB 3195**  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Criminal Law DATE 2/29/15

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Jim Covington  
Firm/Business/Agency IL State Bar Assn  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_

**II. REPRESENTATION** (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance \_\_\_\_\_

**III. POSITION** (Check appropriate box)

Original Bill _____	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral       Written Statement Filed       Record of Appearance Only

Signature Jim Covington