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| **\_\_\_\_\_ 2024 Session** *(max. of 2 requests. by Nov. 9, 2023)*  **\_\_\_\_\_****2025 Session** | | | | | | | | | | | | | Request Date: | | | | |  | |  | |
| Legislator: | | | |  | | | | | | | | |  | Phone: | |  | | | | |  | |
| Legislator’s Staff: | | | | | |  | | | | | | |  | Phone: | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THIS REQUEST: | | | | | | | | | | | | | | | | | | | | | | |
| * PROBLEM (describe the problem; attach any additional information) | | | | | | | | | | | | | | | | | | | | | | |
| * PROPOSED SOLUTION TO THE PROBLEM | | | | | | | | | | | | | | | | | | | | | |
| * HAS THIS BEEN INTRODUCED IN A PRIOR SESSION? | | | | | | | | | | | | | | | | | | | | | |
|  | | Year | |  | |  | | Bill # |  | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| * DO YOU KNOW WHETHER THIS AMENDS A CURRENT LAW OR PROGRAM? | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | \_\_\_\_ | | (specify) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | No | | | | \_\_\_\_ | |  | | | | | |
| * Effective Date: 🞎 Regular (January 1 following session) 🞎 91st day after session 🞎 Emergency Clause | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | ***NOTES***   * Completing the Problem and the Solution statements (Parts 1 & 2, above) is the best way to ensure that the draft accomplishes your objective. Attaching mock statutory language, without explaining the Problem and the Solution, lessens the likelihood of drafting the language correctly. * Persons other than the legislator, legislator’s staff or committee staff **must** present a written note from the legislator, legislator’s staff or committee staff authorizing this request at the time the request is presented. * This request is considered confidential unless otherwise authorized by the legislator making the request. | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate if there is anyone we may consult: | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | | | | | | | |
| **THANK YOU** | | | | | | | | | | | | | | | | | | | | | | |