Senate Committee on Public Safety State Capitol, Room 2031, (916) 651-4118 Committee Background Information

Author:			Bill No.	
Da	nte:			
you on	ur author's statement		ittee on Public Safety. <i>Please e-mail</i> may be excerpted in our analysis) to raham. PLEASE NOTE THE	
	 The Committee Y Letters may not to Committee less to preceding your h Your bill may not to Your bill may not form and any attractions. 	t be set until this form is completed pages. Please complete every quest	ill. sis of your bill, if submitted to the s set to be heard (the Tuesday	
1.	What is the name, phone number, and e-mail address of the person on your staff responsible for this measure?			
	Name:	Phone Number:	email:	
2.	Which agency, organ	ization, or individual requested the	introduction of this bill?	
	Name: Contact Person:	_	Phone Number:	
3.	Which agencies, org support? Please atta	anizations, or individuals (outside o ch copies of letters.	f the sponsor) have expressed	
4.	Which agencies, org copies of letters.	anizations, or individuals have expr	essed opposition? Please attach	

5.	If a similar bill has been introduced in this or any previous session, what was the number and year of its introduction?
6.	What problem or deficiency under current law does the bill seek to remedy? Please be specific as possible, and include any legal or empirical information upon which the bill is based. NOTE : Some or all of this statement may be quoted verbatim in the Committee's analysis.
7.	Are you planning any amendments to be offered before the Committee hearing? YES NO If so, please describe the amendments. NOTE: THE HEARING OF A BILL MAY BE DELAYED IF 1 SIGNED AND 6 UNSIGNED COPIES OF THE AMENDMENTS IN LEGISLATIVE COUNSEL FORM ARE NOT PROVIDED TO THE COMMITTEE IN A TIMELY MANNER.
8.	If you have any further background information or material relating to this measure (letters of support or opposition, reports, court cases, Legislative Counsel Opinions, citations, etc.), please attach copies or state where such information is available.