

Indiana Coalition Against Domestic Violence (ICADV) 2004 Legislative Questionnaire

Please describe an issue/proposed legislative change:

What are the merits of your position on this issue/proposed change?

Who do you anticipate supporting or opposing the issue/proposal?

Do you have any individuals in mind that might be willing to speak on the issue/proposal?
If yes, Name and contact information:

Submitted by:

Program:

Contact information/or phone number:

Additional Comments:

____ I plan to attend the legislative meeting on October 13, 2003

____ I am unable to attend the meeting but would like to be kept informed on legislative issues. (If so, please include your email address and fax number below)

Email address: _____

Fax number: _____

ICADV

**1915 West 18th Street
Indianapolis, IN. 46202**

Phone: 317- 917- 3685 Toll free: 800- 538- 3393

Fax: 317- 917- 3695

**Thank you for participating; please feel free to make additional copies
as needed for your program and return the surveys by: October 1, 2003**