

# Filling Out a Witness Slip



**SPEAK UP AND  
SPEAK OUT**  
**summit**



**Thank you!**



# Knowledge Check: Pre-module Questions

1. What is a witness slip?
2. Who can file a witness slip?
3. What do I need to know to fill out a witness slip?



# Advocacy

## Definition of Advocacy

- Advocacy is when an individual or group aims to influence decisions within political, economic and social systems and institutions.
- Advocacy can be defined as public support for or recommendation of a particular cause or policy.



# What is a Witness Slip?

- A witness slip is a short form that individuals and organizations can submit to demonstrate their support for or opposition to a specific bill.
- A witness slip can be filed for any bill scheduled for a hearing in the Illinois Senate or House Committee.



# When Can I Submit a Witness Slip?

- Witness slips may only be filed one week before the scheduled hearing.
- You will need to submit a witness slip for each committee hearing. This means that if a bill is being discussed in two different committee hearings in the same week, you will need to submit a witness slip for both hearings.



# Filling Out a Witness Slip

- [lga.gov](http://lga.gov)
- Select GA Dashboard
- You don't have to create an account if you don't want to

The screenshot shows the Illinois General Assembly website. At the top, there is a navigation bar with links for Home, Legislation & Laws, Senate, House, My Legislation, and Site Map. A "Translate Website" button is also present. Below the navigation bar, the "SESSION SCHEDULE" section indicates that the Senate is not in session today and the next session is on 5/5/2020, while the House is also not in session today. A search bar is available, with options to search by number (e.g., HB0001) or by keyword. A red arrow points from the search bar area to the "GA Dashboard" link in the "Reports & Inquiry" section, which is circled in red. Other sections include "Legislation & Laws" (Bills & Resolutions, Public Acts), "Senate" (Members, Schedules, Committees, Journals, Transcripts, Rules, Audio/Video, FOIA Information, Media Guidelines), "House" (Members, Schedules, Committees, Journals, Transcripts, Rules, Audio/Video, FOIA Information, House Employment Opportunities), "Additional Resources" (Legislative Support Services, Legislative Ethics Training, Discrimination & Harassment Information, Legislative Inspector General Inquiries, Joint Commission on Ethics and Lobbying Reform), and "Rules & Regulations" (Illinois Register, Administrative Rules). There are also links for "Previous General Assemblies", "Legislator Lookup", and "Capitol Complex Phone Numbers".

# Filling Out a Witness Slip

Illinois 103rd General Assembly  
ILGA Dashboard

General Assembly:  
103rd G.A. (2023-2025)

Home  
House  
Senate  
ILGA.GOV  
Help  
Register

Some content is currently unavailable as the new General Assembly information is set up.

	Today	Scheduled
House	Today: 12:00 PM	Next: No Day Scheduled
Senate	No Session Today	Next: 3/21/2023

### Today's House Committee Hearings

Date / Time	Committee	
3/16/2023 - 8:00 AM	<b>Appropriations-Higher Education Committee</b> Capitol Building - 118 and Virtual Room 1 - Springfield, IL	
3/16/2023 - 8:00 AM	<b>Revenue &amp; Finance Committee</b> Capitol Building - Room 122B - Springfield, IL	
3/16/2023 - 8:30 AM	<b>Appropriations-Health &amp; Human Services Committee</b> Capitol Building - 114 and Virtual Room 2 - Springfield, IL	
3/16/2023 - 9:00 AM	<b>Police &amp; Fire Committee</b> * Cancelled * Stratton Building - Room D-1 - Springfield, IL	
3/16/2023 - 9:00 AM	<b>Public Health Committee</b> * Cancelled * Capitol Building - Room 115 - Springfield, IL	
3/16/2023 - 10:00 AM	<b>Personnel &amp; Pensions Committee</b> Capitol Building - Room 122B - Springfield, IL	
3/16/2023 - 10:00 AM	<b>Mental Health &amp; Addiction Committee</b> Stratton Building - Room C-1 - Springfield, IL	

Displaying items 1 - 7 of 7

- Select the hearing you want to submit a witness list for and select the icon under "hearing details."
- You can sort by House and Senate committee hearings.



# Filling Out a Witness Slip

Electronic witness slips can be submitted up to the conclusion of the committee hearing.

### House Human Services Committee Hearing Details

**Scheduled Date :** 2/06/2024 - 10:00 AM  
**Location :** 118 and Virtual Room 1 - Capitol Building - - Springfield, IL  
**Posting Date :** 1/29/2024 - 8:28 AM  
**Subject Matter :** Strategies to Strengthen the Long-Term Care Workforce

[View Witness Slips](#) [Create Witness Slip](#)

### Items Posted To Hearing

[View Witness Slips](#) [Create Witness Slip](#)

Bill #	Sponsor Name	ABR - Short Description	Witness Slips
No records to display.			

Displaying items 0 - 0 of 0

- Depending on the type of hearing you are filing a witness slip for, the option to select "Create Witness Slip" may be in different locations on the website.

## Subject Only Committee Hearing

# Filling Out a Witness Slip

Items Posted To Hearing				
			View Witness Slips	Create Witness Slip
Bill #	Sponsor Name	ABR - Short Description	Witness Slips	
HB3220	Kam Buckner	MEDICAID-SAFETY-NET-ADD-ON PAY		
HB3223	Lindsey LaPointe	AGING-ADULT DAY SERVICES RATES		
HB3243	Sonya M. Harper	DHS-HOME REPAIR PROGRAM		
HB3244	Justin Slaughter	MEDICAID-SAFETY-NET-PSYCH SRVS		
HB3261	Mary E. Flowers	DCFS-DIFFERENTIAL RESPONSE		
HB3291	Theresa Mah	LIMITED EQUITY CO-OP HOUSING		
HB3293	Anne Stava-Murray	MEDICAID-FAMILY PLANNING		
HB3344	Suzanne M. Ness	CILA LICENSE-OCCUPANCY FACTOR		
HB3344 - HCA1	Suzanne M. Ness			
HB3361	Ryan Spain	SCH CD-SUPP MENTAL HLTH GRANT		
HB3398	Lakesia Collins	DHFS-DHS-DIRECT SUPPORT WAGE		
HB3450	Sonya M. Harper	FOOD PRESCRIPTION PILOT PGRAM		
HB3450 - HCA1	Sonya M. Harper			
HB3455	Elizabeth "Lisa" Hernandez	DHFS-KIDNEY CARE-NONCITIZENS		
HB3496	Kevin John Olickal	INS-OPTION FOR MEDICAID PLAN		
HB3569	Michelle Mussman	DHFS-DHS-DIRECT SUPPORT WAGE		
HB3574	Stephanie A. Kifowit	MEDICAID-DENTAL SERVICES		
HB3585	Tom Weber	LONG-ACTING CONTRA INFO-ACT		
HB3615	Steven Reick	DCFS-FAMILY FIRST FUNCTIONS		
HB3629	Anna Moeller	NURSING HOME-TRANSITION CARE		

- Depending on the type of hearing you are filing a witness slip for, the option to select "Create Witness Slip" may be in different locations on the website.



# Filling Out a Witness Slip

## I. IDENTIFICATION

- Name
- Address
- Title
  - How you identify yourself (e.g. self-advocate)
- Firm/Business Agency
  - Only, use if you are registered as a lobbyist with that organization.
- Email and phone

RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 3569 Appropriations-Health & Human Services Committee Committee  
BILL OR RESOLUTION NUMBER Thursday, March 16, 2023 8:30 AM  
Other (Subject Matter): DPH, HFS

I. IDENTIFICATION

All fields are required unless noted as optional.

Name: Your name  
Address: Your address  
City: State: IL Zip:  
Firm/Business Or Agency: Self  
Title: Self-advocate  
Email: Your email  
(A confirmation email will be sent if email address is provided.)  
Phone: Your phone  
Fax (Optional):

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.  
Persons, groups firms represented in this appearance:

III. POSITION

Select your position(s) on the legislative items.  
Description: Original Bill Proponent Opponent No Position On Merits

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)  
 Oral  Written Statement Filed  Record Of Appearance Only

Please Agree to the Terms Of Agreement  
 I Agree to the ILGA Terms of Agreement.

protected by reCAPTCHA  
Privacy Terms

Create(Slip)

# Filling Out a Witness Slip

## II. REPRESENTATION

- If you are representing yourself and your opinion on the bill, write "self."

RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 3569 Appropriations-Health & Human Services Committee Committee  
BILL OR RESOLUTION NUMBER Thursday, March 16, 2023 8:30 AM  
Other (Subject Matter): DPH, HFS

I. IDENTIFICATION

All fields are required unless noted as optional.

Name  
Address  
City State IL Zip  
Firm/Business Or Agency  
Title  
Email  
Phone  
Fax (Optional)

(A confirmation email will be sent if email address is provided.)

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:  
**Self**

III. POSITION

Select your position(s) on the legislative items.

Description Original Bill Proponent Opponent No Position On Merits

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral  Written Statement Filed  Record Of Appearance Only

Please Agree to the Terms Of Agreement  
 I Agree to the ILGA [Terms of Agreement](#)

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Privacy - Terms

Create(Slip)

# Filling Out a Witness Slip

## III. POSITION

- This is where you select your position in the bill
- **Proponent** means you like the bill and want it to pass
- **Opponent** means you are against the bill and don't want it to pass

RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 3569      Appropriations-Health & Human Services Committee Committee  
BILL OR RESOLUTION NUMBER      Thursday, March 16, 2023 8:30 AM  
Other (Subject Matter):      DPH, HFS

I. IDENTIFICATION

All fields are required unless noted as optional.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: IL Zip: \_\_\_\_\_  
Firm/Business Or Agency: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
(A confirmation email will be sent if email address is provided.)  
Phone: \_\_\_\_\_  
Fax (Optional): \_\_\_\_\_

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance: \_\_\_\_\_

III. POSITION

Select your position(s) on the legislative items.

Description: Original Bill       Proponent       Opponent       No Position On Merits

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral       Written Statement Filed       Record Of Appearance Only

Please Agree to the Terms Of Agreement  
 I Agree to the ILGA [Terms of Agreement](#)

protected by reCAPTCHA  
Privacy - Terms

Create(Slip)

# Filling Out a Witness Slip

## IV. TESTIMONY

- Check Box 'I agree to the ILGA Terms of Agreement'
- Select 'Record of Appearance only'
- Then click 'Create Slip'

RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 3569      Appropriations-Health & Human Services Committee Committee  
BILL OR RESOLUTION NUMBER      Thursday, March 16, 2023 8:30 AM  
Other (Subject Matter):      DPH, HFS

**I. IDENTIFICATION**

All fields are required unless noted as optional.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: IL Zip: \_\_\_\_\_  
Firm/Business Or Agency: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
(A confirmation email will be sent if email address is provided.)  
Phone: \_\_\_\_\_  
Fax (Optional): \_\_\_\_\_

**II. REPRESENTATION**

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance: \_\_\_\_\_

**III. POSITION**

Select your position(s) on the legislative items.

Description: Original Bill    Proponent    Opponent    No Position On Merits

**IV. TESTIMONY**

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral     Written Statement Filed     Record Of Appearance Only

Please agree to the Terms Of Agreement  
 I Agree to the ILGA Terms of Agreement.

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Create(Slip)

# Filling Out a Witness Slip

## Filling Out A Witness Slip



**RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES**

HB 4832      Appropriations-Human Services Committee Committee  
BILL OR RESOLUTION NUMBER      Thursday, March 24, 2022 8:00 AM  
Other (Subject Matter):      Unavailable

**I. IDENTIFICATION**

All fields are required unless noted as optional.

Name: **Your Name**  
Address: **Your Address**  
City: [ ] State: IL Zip: [ ]  
Firm/Business Or Agency: **Self**  
Title: **Self**  
Email: **Your Email**  
(A confirmation email will be sent if email address is provided.)  
Phone: **Your Phone Number**  
Fax (Optional): [ ] - [ ] - [ ]

**II. REPRESENTATION**

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:  
**Self**

**III. POSITION**

Select your position(s) on the legislative items.

Description: Original Bill

Proponent       Opponent       No Position On Merits

**IV. TESTIMONY**

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral       Written Statement Filed       Record Of Appearance Only

Please Agree to the Terms Of Agreement  
 I Agree to the ILGA [Terms of Agreement](#)

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Privacy - Terms

**Create(Slip)**

*Handwritten annotations: "Pick One" with arrows pointing to the radio buttons in Section III; a red arrow pointing to the "Record Of Appearance Only" checkbox in Section IV; a red arrow pointing to the "I Agree to the ILGA Terms of Agreement" checkbox; a red arrow pointing to the "Create(Slip)" button.*

# Tips and Tricks

- Contact the legislator's office and ask what the best way is to share your thoughts on a bill/issue (witness slip, email, meeting)
- Encourage friends, family, and coworkers to submit witness slips and share information with them about advocacy



# Tips and Tricks

- Participate in Going Home Coalition
- Stay informed on upcoming bills and other advocacy through the Arc of Illinois weekly emails.
  - Newsletter Sign Up link:
  - <https://www.thearcofil.org/take-action/sign-up-for-enewsletter/>

# Knowledge Check: Post-module Questions

What is a witness slip?



# Knowledge Check: Post-module Questions

What is a witness slip?

- A witness slip is a short form that individuals can submit to demonstrate their support for or opposition to a specific bill



# Knowledge Check: Post-module Questions

Who can file a witness slip?



# Knowledge Check: Post-module Questions

Who can file a witness slip?

- Anyone can file a witness slip! A witness slip can be filed for any bill scheduled for a hearing in the Illinois Senate or House Committee. Witness slips may only be filed one week before the scheduled hearing



# Knowledge Check: Post-module Questions

What do I need to know to fill out a witness slip?



# Knowledge Check: Post-module Questions

What do I need to know to fill out a witness slip?

- The bill number for the bill you wish to file your witness slip on
- The date the bill is scheduled for hearing
- Your position on the bill



# Speak Up and Speak Out!

Welcome to our advocacy initiative – where self-advocates are empowered to make their voices heard.

Our goal is to facilitate meetings between self-advocates and legislators – because **your voice matters** and **advocacy drives change**.

Feeling ready to set up a meeting with your legislator? Reach out to me:

**Sabrina Wyman, Legislative Advocacy Coordinator, The Arc of Illinois**

**[Sabrina@thearcofil.org](mailto:Sabrina@thearcofil.org) or 815-464-1832 ext 1016.**





# Speak Up and Speak Out!



**Virtual**  
**August 9<sup>th</sup>-11<sup>th</sup>**



# Resources

Going Home Coalition Facebook Page

<https://www.facebook.com/GoingHomeLifeintheCommunity/>

Going Home Coalition Instagram Page

<https://www.instagram.com/goinghomeillinois/>

Going Home Coalition Webpage

<https://www.goinghomeillinois.org/>

Going Home Coalition Join Us

<https://www.goinghomeillinois.org/join-us/>



# Resources

The Arc of Illinois Website

<https://www.hearcofil.org/>

The Arc of Illinois Newsletter

<https://www.hearcofil.org/take-action/sign-up-for-enewsletter/>

[Recordings of Modules and Slide Decks](#)



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**summit**



**Thank you!**



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