NCJW Advocacy Visit Report Form

Elected Official Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/District/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Met with: Official Only □ Official and Staff □ Staff Only □

Staff in Attendance (names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What issue(s) do the staff cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCJW Members in Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Completed By (Name / Email / Phone #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Issue A / Legislation A Name & Bill #]**

[Ask 1] Yes □ No □

[Ask 2] Yes □ No □

Comments:
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**[Issue B / Legislation B Name & Bill #]**

[Ask 1] Yes □ No □

[Ask 2] Yes □ No □

Comments:
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**[Issue C / Legislation C Name & Bill #]**

[Ask 1] Yes □ No □

[Ask 2] Yes □ No □

Comments:
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Any other general comments/questions/follow-up needed?

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