

## Customer Satisfaction Survey

Case number \_\_\_\_\_  
 Interviewer \_\_\_\_\_

The court is gathering information on this program. Your feedback about your experience today will help us to better understand our customers and improve our services to the public. I hope you will take a few minutes to answer some questions. The information you provide is confidential; it will be reported in summary form only and you will never be personally identified. Your participation is completely voluntary and you may refuse to answer any questions. Are you willing to participate?

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What type of legal issue brought you to the self-help center today? *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Divorce<br><input type="checkbox"/> Child custody<br><input type="checkbox"/> Child support<br><input type="checkbox"/> Visitation<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Domestic violence/restraining order<br><input type="checkbox"/> Civil harassment/restraining order not related to domestic violence<br><input type="checkbox"/> Drivers license reinstatement<br><input type="checkbox"/> Other <i>(please describe)</i> _____ | <input type="checkbox"/> Landlord/tenant (eviction)<br><input type="checkbox"/> Small claims<br><input type="checkbox"/> Traffic ticket<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Guardianship/conservatorship<br><input type="checkbox"/> Criminal expungement |
|--|---|

Are you the  initiator of (or are you considering initiating) a legal action, or  has a case already been filed against you?

Overall, I am  very satisfied,  satisfied,  unsatisfied, or  very unsatisfied with the service I received today.

*After each statement, please check the box that comes closest to how you feel about your visit to the self-help center today.*

|   | Strongly Agree           | Agree                    | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| The information I received today helped me to understand my situation better. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what I need to do next.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The staff seemed knowledgeable.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The staff listened to what I had to say.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The staff explained things to me clearly.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The staff treated me with respect.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I did not have to wait a long time to be served.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would recommend the self-help center to a friend with a legal problem.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In using the program today, I  did,  did not have a language problem.

For this legal matter, this is my  first,  second, or  third or more visit to the program.

Please indicate how helpful you found the services. If you did not receive a service, check "Not Received."

| Service  | Not Received             | Very Helpful             | Somewhat Helpful         | Not Helpful              |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Staff help with forms  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written instructions for filling out forms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff to answer my questions                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpretation or translation assistance                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workshop   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Help to prepare for a court hearing                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Help following up with court orders                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational materials (pamphlets, books, videos)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information on where to get more help                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Met with an attorney (not court staff)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Referred to an attorney outside the court for legal help       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Help using computer to obtain information or prepare documents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Made an appointment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other ( <i>please describe</i> )                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Why are you planning to represent yourself in this matter? **Interviewer: Do not read the options. Let the person answer in his or her own words. Check the most appropriate response(s).**

- My case is not complicated enough to need an attorney
- I cannot afford an attorney
- I don't want to spend the money for an attorney
- An attorney would slow down the case too much
- I don't trust attorneys
- Other \_\_\_\_\_

If this program were not here, where would you have gone for help? **Interviewer: Do not read the options. Let the person answer in his or her own words. Check the most appropriate response(s).**

- An attorney
- A friend
- Not sure/don't know
- Other \_\_\_\_\_

What other services would you have found helpful today?

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Please share any other comments or suggestions about the services you received at the program today.

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Please provide the following demographic information.

|  |   |   |
|--|---|---|
| <p>Sex</p> <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <p>Age</p> <input type="checkbox"/> under 18<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65 and over  | <p>Race. Check all that apply to you</p> <input type="checkbox"/> White<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islands _____<br><input type="checkbox"/> Other Asian _____<br><input type="checkbox"/> Other African _____<br><input type="checkbox"/> Some other race |
| <p>Primary language other than English</p> <p>_____</p>  | <p>Highest level of schooling completed</p> <input type="checkbox"/> 4 <sup>th</sup> grade or less<br><input type="checkbox"/> 5 <sup>th</sup> to 8 <sup>th</sup> grade<br><input type="checkbox"/> 9 <sup>th</sup> to 11 <sup>th</sup> grade<br><input type="checkbox"/> High school graduate/GED<br><input type="checkbox"/> Some college<br><input type="checkbox"/> Associates degree<br><input type="checkbox"/> Bachelors degree<br><input type="checkbox"/> Graduate degree  |   |
| <p>How many children under 19 live in your household?</p> <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 or more   |   |   |
| <p>Total monthly <u>household</u> income (this includes all income sources) <u>before</u> taxes:</p> <input type="checkbox"/> \$500 or less<br><input type="checkbox"/> \$501 to \$1,000<br><input type="checkbox"/> \$1,001 to \$1,500<br><input type="checkbox"/> \$1,501 to \$2,000<br><input type="checkbox"/> \$2,001 to \$2,500<br><input type="checkbox"/> \$2,501 to \$3,000<br><input type="checkbox"/> \$3,001 to \$3,500<br><input type="checkbox"/> \$3,501 to \$4,000<br><input type="checkbox"/> \$4,001 to \$5,000<br><input type="checkbox"/> \$5,001 to \$6,000<br><input type="checkbox"/> \$6,001 to \$7,000<br><input type="checkbox"/> \$7,001 to \$8,000<br><input type="checkbox"/> above \$8,001 | <p>You heard about the program from (check all that apply)</p> <input type="checkbox"/> attorney<br><input type="checkbox"/> bar association<br><input type="checkbox"/> clerk's office<br><input type="checkbox"/> community service agency<br><input type="checkbox"/> child support agency<br><input type="checkbox"/> friend or family<br><input type="checkbox"/> judge/commissioner<br><input type="checkbox"/> legal aid/legal services<br><input type="checkbox"/> newspaper/television/radio<br><input type="checkbox"/> pamphlets/written materials/posters<br><input type="checkbox"/> other _____ | <p>Are you Spanish/Hispanic/Latino?</p> <input type="checkbox"/> No<br><input type="checkbox"/> Yes - Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes - Puerto Rican<br><input type="checkbox"/> Yes - Cuban<br><input type="checkbox"/> Yes - Other Spanish/Hispanic/Latino _____   |