1. **Organization Information**

|  |  |  |
| --- | --- | --- |
| Type of Entity | Public Agency  Private for Profit  Private Non-Profit  Solo Practitioner  Centrally Administered Panel  Other: Click here to enter text. | |
|  | Organization Size  Click here to enter text. | Years in Business  Click here to enter text. |
| Brief description of organization:  Click here to enter text. | | |

1. **County, Client Base, and Level of Representation**

Please use the table on page 2 to provide the following information:

* County – select each county for which you are providing information.
* Client Base – select a client base for each county.
* Level of Representation – enter the level of representation for each client base.

Client Bases and Levels of Representation are defined below for your reference.

**Client Bases**

* **Client Base (1): Parents** - Parents, guardians, and de facto parents (collectively referred to as “parents”), including all levels of parent conflict.
* **Client Base (2): Children** – Children and youth, including eligible non-minor dependents (collectively referred to as “children”), including all levels of child conflict.
* **Client Base (3): Parents and Children** – Both Parents and Children as defined above, including all levels of parent and child conflict.

**Levels of Representation**

* **All** – Representation of all clients in the selected client base
  + Example: If your plan is to represent all parents or all children (1st or 2nd box), indicate either *All Parents* or *All Children* in the text box provided. If you selected the 3rd box for both Parents and Children, and your plan is to represent the entire lot, indicate *All Parents and Children*.
* **Percentage** – Representation of a percentage of the selected client base
  + Example: If your plan is to represent 50% of parents *or* children (1st or 2nd box), indicate either *50% of Parents* or *50% of Children* in the text box provided. If you selected the 3rd box for both Parents and Children, and your plan is to represent 50% of Parents and 50% of children, indicate *50% of Parents and 50% of Children*.

***\* If your plan includes representation of less than 100% of the selected client base, please provide an explanation in the table below.***

| **Select County** | **Select Client Base** | **Indicate Level of Representation**  ***\* Please provide an explanation if your plan includes representation of less than 100% of your selected client base.*** |
| --- | --- | --- |
| **Alameda** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Amador** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **El Dorado** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Imperial** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Lake** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Marin** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Mendocino** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Plumas** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **San Joaquin** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **San Luis Obispo** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Santa Barbara** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Santa Clara** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Santa Cruz** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Solano** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Sonoma** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |
| **Stanislaus** | (1) Parents  (2) Children  (3) Parents and Children | Click here to enter text. |

1. **Staffing Plan**

Please use the table below to enter staffing information. \* If you are submitting information for more than one county, please provide staffing information for each additional county in the text box below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Attorney | Supervisor | Contract Attorney | Investigators | Non-Attorney Staff |
| # of FTE per classification | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| # of clients per attorney | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| # of attorneys available per calendar | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Please provide staffing plan for each additional county for which you are submitting information:  Click here to enter text. | | | | | |

**Please use the text box below to describe your ability to service the counties and client base(s) selected above and include the following:**

* 1. Staff experience in dependency, credentials, and method for attorney and staff supervision.
  2. Other information regarding your staff and/or staffing plan that you would like to provide.

|  |
| --- |
| Click here to enter text. |

1. **Language**

Please use the text box below to describe your plan for representing clients who use English as their second language.

|  |
| --- |
| Click here to enter text. |

***END OF QUESTIONNAIRE***