

## Self-Represented Litigant Court Exit Survey

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

Interviewer \_\_\_\_\_

The court is gathering information on its programs. Your feedback about your experience in court 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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1. Why did you represent yourself in court today? **Interviewer: Do not read off the options. Let the customer answer in his or her own words. Check the most appropriate response(s).**

- My case is not complicated enough to need a lawyer
- I cannot afford a lawyer
- I don't want to spend the money for a lawyer
- A lawyer would slow down the case too much
- I don't trust lawyers
- I don't know how to find or hire a lawyer
- Other \_\_\_\_\_

2. Did you visit the court's [name of program to assist self-represented litigants] to get forms or assistance in connection with this case?

- Yes
- No (skip to 4)

3. Based on your experience in court today, how would you rate the assistance provided by the \_\_\_\_\_ program?  very satisfied  satisfied  unsatisfied  very unsatisfied with the service you received?

4. Did you receive assistance from anyone else in preparing for this case?

- Yes
- No (skip to 5)

4b. From whom did you receive the assistance? **Interviewer: Do not read off the options. Let the customer answer in his or her own words. Check the most appropriate response(s).**

- Private lawyer
- Legal Aid
- Friend
- Relative
- Notary
- Paralegal
- Other \_\_\_\_\_

5. Were you surprised at the way the [judge][commissioner] conducted the hearing or did it go pretty much the way you expected?

- Surprised
- Pretty much the way I expected

Follow up question, for either response: Why? \_\_\_\_\_

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6. I am going to read you a series of statements about your court experience. Please choose a number between 4 and 1, with 4 meaning “extremely” and 1 meaning “not at all” to describe your experience. You may also answer “Don’t know.”

	Extremely				Not at all	Don't
	5	4	3	2	1	know
Did you feel prepared for your hearing today?	<input type="checkbox"/>					
Did the judge treat you with respect?	<input type="checkbox"/>					
Did the court clerk and other courtroom staff treat you with respect?	<input type="checkbox"/>					
Did the judge care about your case?	<input type="checkbox"/>					
Did the judge treat everyone in court fairly?	<input type="checkbox"/>					
Did you feel you were able to tell the judge everything you thought he/she should know in order to make a decision?	<input type="checkbox"/>					
Did you do a good job representing yourself?	<input type="checkbox"/>					
Did you understand the words used by the judge and other persons in the courtroom?	<input type="checkbox"/>					
Can you explain what was the outcome of your hearing today?	<input type="checkbox"/>					
Was the outcome of the case favorable to you?	<input type="checkbox"/>					
Was the judge’s ruling fair?	<input type="checkbox"/>					
Are you satisfied with what happened during your hearing today?	<input type="checkbox"/>					
After this proceeding, do you have more respect for the court system ?	<input type="checkbox"/>					

I am almost finished. The last few questions I will ask you are of a more personal nature, but they are very important to make sure we are serving everyone.

<p>Sex</p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p>Age</p> <input type="checkbox"/> under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and over	<p>Race. Check all that apply to you</p> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiaan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islands _____ <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Other African _____ <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 <input type="checkbox"/> 5 <sup>th</sup> to 8 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> to 11 <sup>th</sup> grade <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Graduate degree	
<p>How many children under 19 live in your household?</p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <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 <input type="checkbox"/> \$501 to \$1,000 <input type="checkbox"/> \$1,001 to \$1,500 <input type="checkbox"/> \$1,501 to \$2,000 <input type="checkbox"/> \$2,001 to \$2,500 <input type="checkbox"/> \$2,501 to \$3,000 <input type="checkbox"/> \$3,001 to \$3,500 <input type="checkbox"/> \$3,501 to \$4,000 <input type="checkbox"/> \$4,001 to \$5,000 <input type="checkbox"/> \$5,001 to \$6,000 <input type="checkbox"/> \$6,001 to \$7,000 <input type="checkbox"/> \$7,001 to \$8,000 <input type="checkbox"/> above \$8,001		<p>Are you Spanish/Hispanic/Latino?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes - Mexican, Mexican American, Chicano <input type="checkbox"/> Yes - Puerto Rican <input type="checkbox"/> Yes - Cuban <input type="checkbox"/> Yes - Other Spanish/Hispanic/Latino _____