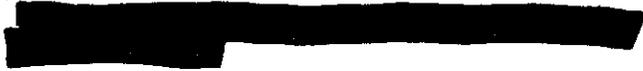


Customer Survey

Self-Help Center

The Self-Help Center wants to learn more about your needs and improve our services. Please take about 5 minutes to fill out this survey. Filling out this survey will not affect the services you get at the Self-Help Center. And your answers and personal information will be kept confidential.

For questions or more information, call:



1. 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 feel less worried about my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel less confused about how the court works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about how the laws work in my situation.	<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 was served in a timely manner.	<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"/>

2. Please indicate how helpful you found the services listed below. If you did not receive the service, please check "Not Applicable."

	Very Helpful	Somewhat Helpful	Not Very Helpful	Not At All Helpful	Not Applicable
Staff help with forms	<input type="checkbox"/>				
Written instructions for filling out forms	<input type="checkbox"/>				
Staff to answer my questions	<input type="checkbox"/>				
Interpretation or translation assistance	<input type="checkbox"/>				
Workshop	<input type="checkbox"/>				
Help to prepare for a court hearing	<input type="checkbox"/>				
Help following up with court orders	<input type="checkbox"/>				
Educational materials (pamphlets, books, videos)	<input type="checkbox"/>				
Information on where to get more help	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>				

3. Please share any other comments or suggestions about the services you received at the Self-Help Center today.

4. You are: Male Female

5. Do you speak a language other than English at home?

No Yes*

* If "Yes," which language? (Check all that apply.)

Spanish Mandarin Vietnamese Armenian
 Cantonese Tagalog Russian Other: _____

6. Your race/ethnic group is: (Check all that apply.)

Hispanic/Latino African-American White, non-Hispanic
 Asian/Pacific Islander Native American/Eskimo/Aleut Other: _____

7. Your total monthly household income (this includes all income sources), before taxes is:

\$500 or less \$1,001-\$1,500 \$2,001-\$2,500
 \$501-\$1,000 \$1,501-\$2,000 Over \$2,500

8. The highest level of school you completed:

4th grade or less High school graduate/GED Bachelors degree
 5th to 8th grade Some college Graduate degree
 9th to 11th grade Associates degree

Stop!

Please drop the form off in the box.
 (The Self-Help Center will fill out the area below.)

FOR STAFF USE ONLY		
Case type/issue. Check all that apply.		Services provided. Check all that apply.
<input type="checkbox"/> Divorce	<input type="checkbox"/> Landlord/tenant	<input type="checkbox"/> Assistance completing forms
<input type="checkbox"/> Child custody	<input type="checkbox"/> Small claims	<input type="checkbox"/> Forms with instructions
<input type="checkbox"/> Visitation	<input type="checkbox"/> Name change	<input type="checkbox"/> Explanation of court orders
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Procedural information
<input type="checkbox"/> Other family law	<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Other educational materials
<input type="checkbox"/> Civil harassment	<input type="checkbox"/> Other probate	<input type="checkbox"/> Referrals to other providers
<input type="checkbox"/> Traffic		<input type="checkbox"/> Translation/interpretation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____