

Appendix K

Data Collection Instruments

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SELF-HELP CENTER INTAKE FORM

We would like you to fill out this form for a research study that will provide the self-help center with information on how to improve services. For more information about the study please contact Berkeley Policy Associates at 510-465-7884.

Your personal identification information will remain confidential and will not be used in any data analysis or report. Your answers will not affect the services you receive from the self-help center or your case.

You may refuse to answer any or all of the questions.

Signature: _____

CUSTOMER INTAKE FORM

First Name: _____

Last Name: _____

Today's Date: _____

Date of Birth: ____/____/____

Zip Code: _____

month / year

(1) Do you speak a language other than English at home?

No Yes

If yes, which language (CHECK ALL THAT APPLY):

Spanish

Tagalog

Cantonese

Vietnamese

Mandarin

Armenian

Russian

Other: _____

(2) What language would you prefer to receive self-help services in?

English

Russian

Spanish

Tagalog

Cantonese

Vietnamese

Mandarin

Other: _____

(3) You are:

Male Female

(4) How old are you? _____

(5) Your race/ethnic group is (CHECK ALL THAT APPLY):

African-American

Native American/Eskimo/Aleut

Asian/Pacific Islander

White, non-Hispanic

Hispanic/Latino

Other: _____

(6) How many children under 19 live in your household? _____

(7) Are you currently employed?

- No Yes, full time Yes, part time

If not, are you:

- Unemployed
 Retired
 Disabled, unable to work
 Not looking for work
 Other: _____

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

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

(9) The highest level of school you completed:

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

(10) You heard about the self-help center from (CHECK ALL THAT APPLY):

- Attorney Friend or family
 Bar association Judge/Commissioner
 Clerk's office Legal Aid/Legal Services
 Community Service Agency Newspaper/television/radio advertisement
 D.A./Local Child Support Agency Pamphlets/Written materials/Posters
 Family Court Services Other (please explain) _____
 Family Law Facilitator _____

(11) Have you tried to get help with this case before coming to the self-help center?

- No Yes

If yes, where did you try to get help? (CHECK ALL THAT APPLY):

- Legal Aid Self-help books
 Private attorney The Internet
 Friend or relative Other (please explain): _____
 Paralegal _____
 Library

(12) Have you considered hiring a lawyer for this case?

- No Yes

(13) Why did you decide to represent yourself in this case? (CHECK ALL THAT APPLY):

- I cannot afford a lawyer I do not know if I need a lawyer
 I do not know how to find or hire a lawyer I choose to represent myself
 Legal Aid told me they could not help me Other (please explain): _____

SELF-HELP CENTER SERVICE TRACKING FORM

CUSTOMER INFORMATION

First Name: _____ Last Name: _____

Today's Date: _____ Date of Birth: _____ / _____

Case Number: _____ month / year

(1) TYPE OF CASE

• Family Law Matter

- Petitioner
- Respondent
- Other: _____

- Adoption
- Child Custody
- Child Support
- Divorce
- Domestic Violence/
Restraining Order
- Establishing Paternity
- Visitation
- Other: _____

• Landlord/Tenant Issues

- Landlord
- Tenant
- Other: _____

- Unlawful Detainer/Eviction
- Other: _____

• Probate

- Petitioner
- Objector
- Other: _____

- Conservatorship
- Guardianship
- Other: _____

• Civil

- Plaintiff
- Defendant
- Other: _____

- Civil Harassment
- Name Change
- Small Claims
- Other: _____

• Criminal

- Traffic
- Other _____

• Other: _____

SERVICE INFORMATION

(2) Contact Type (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Individual, Face-to Face | <input type="checkbox"/> Videoconferencing |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Workshop/Clinic |
| <input type="checkbox"/> Other Computer Application/Software | <input type="checkbox"/> Written Correspondence (letters, email) |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other: _____ |

(3) Services received (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Assistance Completing Forms | <input type="checkbox"/> Order After Hearing/Judgment |
| <input type="checkbox"/> Explanation of Court Orders | <input type="checkbox"/> Other Educational Materials |
| <input type="checkbox"/> Document Review | <input type="checkbox"/> Procedural Information |
| <input type="checkbox"/> Forms Only | <input type="checkbox"/> Referrals to Other Providers |
| <input type="checkbox"/> Forms with Instructions | <input type="checkbox"/> Schedule Workshop Appointment |
| <input type="checkbox"/> Legal Information | <input type="checkbox"/> Translation/Interpretation |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Other: _____ |

(4) Has the user come to the self-help center to receive help for this case before?

- No Yes

If yes, why has she/he returned? (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Court appearance preparation workshop | <input type="checkbox"/> Needs help understanding court order |
| <input type="checkbox"/> Document review | <input type="checkbox"/> Next step in the process |
| <input type="checkbox"/> Needs help with forms | <input type="checkbox"/> Responding to new papers |
| <input type="checkbox"/> Has additional questions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Needs access to an interpreter to help translate in court | |

(5) Referrals made (CHECK ALL THAT APPLY):

Legal Services

- Family Law Facilitator
 Lawyer Referral Service/ Private Attorney
 Legal Services
 Local Child Support Agency
 Public Defender
 Small Claims Advisor
 Other Legal Service: _____

Community Social Services

- Counseling Service
 DV Shelter/Advocate
 Government Service (e.g. FCS, CPS)
 Housing Services
 Mediation Service
 Substance Abuse Services
 Other Community Social Service: _____

NO REFERRALS MADE

(7) Service provided in:

- | | | | |
|----------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog | _____ |

Staff Member's Initials: _____

Workshop Tracking Form

March 2004

County: _____

Title/Subject of Workshop: _____

Date of Workshop: _____

Location of Workshop

- Self-help center
- Courthouse
- Offsite (specify) _____

Type of Case being Discussed (CHECK ALL THAT APPLY)

- Family Law
 - Custody/visitation
 - Dissolution
 - Other family law (specify) _____
- Traffic
- Small claims
- Unlawful detainer
- Other (specify) _____

If this workshop addressed family law cases, please indicate which forms were covered during the workshop (CHECK ALL THAT APPLY):

- Petition, summons, UCCJEA
- Declaration of disclosure
- Request to enter default
- Income and expense declaration/supplemental financial declaration
- Declaration for default
- Notice of entry of judgment
- Attachment to judgment
- Other (specify) _____

Language Workshop *primarily* conducted in (CHECK ONLY ONE)

- English
- Spanish
- English presenter/Spanish interpreter
- English presenter/Other language interpreter (specify language)
- Other (specify) _____

Length of Workshop (CHECK ONLY ONE)

- 30 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- More than 3 hours

Questions continue on the back →

Number of Attendees

Total Number of People Present: _____

For videoconference workshops:

Total number of attendees present at main site: _____

Total number of attendees at each satellite site (please specify each satellite site and the number at each) _____

Workshop Facilitation

Name of Person Leading Workshop: _____

Is this person:

- Center staff
- Center volunteer
- Other (specify) _____

Were other staff or volunteers available to assist during the workshop?

- Yes
- No

Were the assistant(s) any of the following (CHECK ALL THAT APPLY)?

- Attorney
- Paralegal
- Interpreter
- Other (specify) _____
- Paid
- Volunteer

Services Received (CHECK ALL THAT APPLY):

- Legal and procedural information
- Hearing preparation
- Forms preparation
- Assistance with motions
- Video or other visual presentation
- Referrals/Where to go for more help
- Other (specify) _____

Workshop Format (CHECK ALL THAT APPLY):

- Lecture
- Question and answer
- One-on-one assistance
- Small group discussion/instruction
- Other (specify) _____

Was this a videoconferenced workshop?

- Yes
- No

Additional Comments:

Post Hearing Interview Instrument

A team of researchers from Berkeley Policy Associates/ NPC Research would like to ask you some questions about your experiences in court today to find out about ways to improve legal self-help services for people like you. The interview will take approximately 15 minutes. Your participation is entirely voluntary and will in no way affect your case. You may refuse to answer any or all questions. The researchers do not work for the court and the answers you provide will not be shared with the court. The information you provide during the interview, including your personal identification information, will remain confidential. This research is funded by the Judicial Council of California. If you have any questions about the research study please call Lee Ann Huang at 510-465-7884.

Please sign here if you have read the information above and agree to participate in the interview: _____

Post Hearing Interview Instrument

Self-represented litigant

Name: _____ Language Interview Conducted In: _____

Date of Birth: _____ Case Type: _____

Telephone number(s) (in case cannot complete interview at this time):

Plaintiff/Petitioner Case Number: _____

Defendant/Respondent

1. Is this the first time you represented yourself in court?

Yes

No

2. How many times have you been to court before for this case? _____

3. How many times have you been to court for any other case(s)? _____

4. Have you ever had a lawyer represent you in court?

Yes

No

5. Why did you decide to represent yourself in this case?

I cannot afford a lawyer

I do not know how to find or hire a lawyer

Legal Aid told me they could not help me

There are no legal services organizations to help me

I do not know if I need a lawyer

I choose to represent myself

Other (please explain): _____

6. Did you feel prepared for your hearing today? (prompts...whether they completed proof of service, brought correct, completed, forms, and had necessary evidence, witnesses)

1 2 3 4 5
(not at all)-----(extremely)

7. Did the judge treat you with respect?

1 2 3 4 5
(not at all)-----(extremely)

Post Hearing Interview Instrument

8. Did the court clerk and other courtroom staff treat you with respect?

1 2 3 4 5
(not at all)-----(extremely)

9. Did you understand the words used by the judge and other persons in court?

1 2 3 4 5
(not at all)-----(extremely)

10. Can you explain what was the outcome of your hearing today?

11. What did you expect would be the outcome of your hearing today?

If the case was continued, skip to question 17.

12. Are you satisfied with what happened during your hearing today?

1 2 3 4 5
(not at all)-----(extremely)

13. Are you surprised by what happened during your hearing today?

1 2 3 4 5
(not at all)-----(extremely)

14. Did you feel you were able to tell the judge everything you thought he/she should know in order to make a decision?

1 2 3 4 5
(not at all)-----(extremely)

15. Do you think the judge's decision was fair?

1 2 3 4 5
(not at all)-----(extremely)

16. Do you think the judge would have ruled differently if you had a lawyer?

Yes (please explain)

No

Post Hearing Interview Instrument

17. Did the judge give you a court order?

- Yes
 No [**Skip to Question 19**]

18. If yes, did you understand the order?

- Yes
 No

19. Do you know what you need to do next for this court case? (please explain)

20. Did you receive help from anyone before going to court? (prompts: lawyer, paralegal, family or friend, internet, self help books, legal aid, library, self-help center, etc)

- Yes
 No

Demographic Information

21a. Do you speak a language other than English at home?

- Yes
 No [**Skip to Question 22**]

21b. Which language: _____

22. You are:

- Male
 Female

23. Your race/ethnic group is (**check all that apply**):

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

24. How many children under 19 living in the household? _____

Post Hearing Interview Instrument

25. What is the highest level of school you completed?

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

26. Have you heard of the _____ center?

- Yes
- No

Self-Help Center Information

27. Did you receive help from the _____ center?

- Yes
- No (please explain: _____) **[end interview]**

28. What services did you use at the center?

- Assistance Completing Forms
- Document Review
- Explanation of Court Orders
- Received Forms AND written instructions
- Received Forms, but did NOT receive instructions on how to complete the forms
- Mediation
- Order After Hearing/Judgment
- Other Educational Materials
- Procedural Information
- Referrals to Other Providers
- Translation/Interpretation
- Other: _____

29. Which services did you find most helpful in helping you prepare for your hearing today?

30. Was there anything the center could have done to help you better prepare for today? (please explain)

31. Are there any additional assistance/services you would have liked to receive that the center does not currently provide?

Los Angeles Self-Help Management Center Evaluation
Baseline Telephone Interview Instrument for Providers

Date: _____

Name of interviewee: _____

Title/position of interviewee: _____

Name of agency: _____

Name of pro-se project (if different from agency name): _____

City/Zip Code: _____

Hello. My name is _____, and I am calling from NPC Research in Portland Oregon. We are conducting a study for the California Judicial Council of a new management center for self-represented litigants' services in Los Angeles County. As part of this study we are calling a large number of agencies in Los Angeles County who provide some sort of assistance to self-represented litigants. We are gathering information about the nature and extent of collaboration, communication, and joint activities among providers in the Los Angeles area. I would love to speak with you about your agency, any collaborative activities you participate in, and any training or technical assistance needs your agency may have. I expect our conversation will take approximately 45 minutes. May I schedule a time to conduct this interview with you?

First I have some questions about your self-help services.

1) Could you tell me a bit about your agency?

2) Is your agency a nonprofit or is it run by a public agency (e.g. the court)?

3) Are any of the following entities involved with the operation, oversight or management of your self-help services?

- Local trial court
- Bar
- Family Law Facilitator's Office
- Family Law Information Center (FLIC)
- Other: _____

4) Is the self-help program the sole activity of your agency, or does your agency offer other services as well?

- Sole service
- Multiple services

5) If the agency offers multiple services, please indicate the other services:

- Other legal/legal aid/attorney referral services
- Food, shelter or housing services
- Domestic violence services
- Services for children, including child care, assessments, or Head Start
- Mental health services
- Alcohol and drug treatment
- Medical services
- Vocational training/job training/job search services
- Other (specify) _____

6) Is your program part of a statewide pro-se assistance effort sponsored by the state supreme court or state judicial council?

_____ Yes

_____ No

7) How long has the self-help center been in operation?

8) Is the program located in a courthouse, or at some other location?

9) Are the self-represented litigants who use your services primarily

_____ Involved with the courts/judicial process for the first time

_____ Occasionally have been involved with the courts/judicial process

_____ Regularly have been involved with the courts/judicial process

_____ Don't know

10) What is the education level of your clients (estimated guesses are fine):

_____ % Less than high school diploma

_____ % High school diploma

_____ % Some college

_____ % College degree

_____ % Post-graduate

_____ Don't know

11) What is the primary language of your clients (estimated guesses are fine):

_____ % English

_____ % Spanish

_____ % Other: _____

_____ Don't know

12) If you can, please estimate how many people use your program each year.

Next I have some questions about collaborative activities you may participate in, and any needs your agency may have regarding training and technical assistance.

13) Which of the following groups have you had collaborative relationships with in the past year

(please list names of agencies when possible):

a) Other self-help project(s): _____

b) Legal services group(s): _____

c) Law school(s): _____

d) Bar association(s): _____

e) Other nonprofit group(s): _____

f) Other(s): _____

14a) In the past year, have you participated in any of the following types of collaborative activities?

- Policy groups/boards
- Jointly funded projects
- Jointly administered projects
- Networking activities with other self-help centers
- Other collaborative activities

14b) For any items checked in 14a, please give a brief description of the activity, including the name of the board/project (if applicable), description of the purpose of the activity, what other agencies were involved, what was accomplished):

15) With which of the following types of collaborative activities would you be interested in participating in the future?

- _____ Policy groups/boards
- _____ Jointly funded projects
- _____ Jointly administered projects
- _____ Trainings organized by other agencies
- _____ Trainings organized by your agency
- _____ Networking activities with other self-help providers
- _____ Other (describe): _____

16) Do you have any plans to expand the program in terms of substantive areas, geographical reach, or types of litigants?

17a) Do your self-help center staff participate in any training programs?

_____ Yes

_____ No (**Skip to 18a**)

17b) What kind of training is provided? Is this training provided in-house? If other agencies provide the training, please list those agencies.

18a) Does your program receive any technical assistance?

_____ Yes

_____ No (**Skip to 19a**)

18b) What kind of assistance and from whom?

19a) Do you feel that your agency's needs for training and technical assistance are adequately addressed?

_____ Yes (**Skip to 20**)

_____ No

19b) What are your unmet needs?

20) How are you and your project staff made aware of any changes in laws or regulations that effect self-help centers, pro se litigants and/or the types of cases in which pro se litigants are most likely to be involved?

21a) Have there been any recent changes in local, state, or federal laws or regulations that have affected the way you provide self-help services?

_____ Yes

_____ No (**Skip to 22a**)

21b) What are these changes and how have they affected your service delivery?

22a) Are you and your project staff aware of the policies and procedures of other self-help organizations?

Yes

No (**Skip to 20c**)

22b) If so, how?

22c) If not, do you wish to be made aware of other self-help centers' protocols?

Yes

No

Why or why not?

23a) Are you and your project staff knowledgeable about other service organizations in the community that help individuals with needs such as housing, domestic violence, and public assistance?

Yes

No (**Skip to 24**)

23b) How are you made aware of their services? If no, would you be interested in receiving more information about such services?

24) Does your center refer clients to other service organizations for such issues as housing, domestic violence, and public assistance?

_____ Yes

_____ No

That's all the questions I have for you today. Thank you for participating in this interview. The information you have provided to me will help us make recommendations to the new management center about the types of activities that are most important and useful to Los Angeles area self-help providers. We would like to call you again in about a year to update our data.

Los Angeles Self-Help Management Center Evaluation
Follow-Up Telephone Interview Instrument for Providers

Date: _____

Name of interviewee: _____

Title/position of interviewee: _____

Name of agency: _____

Name of pro-se project (if different from agency name): _____

City/Zip Code: _____

Hello. My name is _____, and I am calling from NPC Research in Portland Oregon. We are conducting a study for the California Judicial Council of a new management center for self-represented litigants' services in Los Angeles County. As part of this study we are calling a large number of agencies in Los Angeles County who provide some sort of assistance to self-represented litigants. We are gathering information about the nature and extent of collaboration, communication, and joint activities among providers in the Los Angeles area. I would love to speak with you about your agency, any collaborative activities you participate in, and any training or technical assistance needs your agency may have. I expect our conversation will take approximately 45 minutes. May I schedule a time to conduct this interview with you?

Some agencies operate multiple projects and provide many services. All of the survey questions pertain specifically to your agency's self-help services.

1) Have there been any major changes to self-help center operations over the past year (such as covering additional substantive areas, types of litigants, or geographical reach)? If yes, please describe.

2) Do you have any plans to expand the program in terms of substantive areas, geographical reach, or types of litigants?

3) Which of the following groups have you had collaborative relationships with in the past year:
[Please get names if possible; if not, total number in each category.]

Other self-help project(s): _____

Legal services group(s): _____

Law school(s): _____

Bar association(s): _____

Nonprofit group(s): _____

Other(s): _____

4) In the past year, has your organization participated in the following types of collaborative activities?

Policy groups/boards (provide name of the policy group, its purpose, its members, how often it meets): _____

Jointly funded projects (provide name of project, a description, and your partners): _____

Jointly administered projects (provide name of project, a description, and your partners):

Trainings organized by other agencies (provide name, description, and organizing agency):

Trainings organized by your agency (provide name, description, and attendees): _____

Networking activities with other self-help providers (please describe the activities, frequency, and participants): _____

Other (describe activity, partners, and frequency): _____

5) With which of the following types of collaborative activities would you be interested in participating in the future?

- Policy groups/boards
- Jointly funded projects
- Jointly administered projects
- Trainings organized by other agencies
- Trainings organized by your agency
- Networking activities with other self-help providers
- Other (describe): _____

6) Does your self-help center staff participate in any training programs?

Yes No **[Skip to #7]**

If yes, what kind of training is provided? Is this training provided in-house? Have any of these trainings been organized by the Self-Help Management Center? If other agencies provide the training, please list those agencies.

7) Does your program receive any technical assistance?

Yes No **[Skip to #8]**

If yes, what kind of assistance and from whom? Was any of this technical assistance provided by the Self-Help Management Center?

8) Do you feel that your needs for training and technical assistance are adequately addressed?

Yes **[Skip to #9]** No

If not, what are your unmet needs?

9) How are you and your project staff made aware of any changes in laws or regulations that effect self-help centers, pro se litigants and/or the types of cases in which pro se litigants are most likely to be involved? Has the Self-Help Management Center provided you with any of this information?

10) Have there been any recent changes in local, state, or federal laws or regulations that have effected self-help center service provision?

_____ Yes _____ No **[Skip to #11]**

If so, what?

11) Are you and your project staff aware of the policies and procedures of other self-help organizations?

_____ Yes **[Complete 11a & Skip 11b]** _____ No **[Skip to 11b]**

11a) If so, how? Has the Self-Help Management Center provided you with this information?

11b) If not, do you wish to be made aware of other self-help centers' protocols?

_____ Yes _____ No

Why or why not?

12a) Are you and your project staff knowledgeable about other service organizations in the community that help individuals with needs such as housing, domestic violence, and public assistance?

_____Yes _____No **[Skip to #13]**

12b) Has the Self-Help Management Center provided you with this information?

_____Yes _____No

13) Are you familiar with the Self-Help Management Center?

_____Yes _____No

[If yes, continue the interview. If no, skip to the closing statement.]

14a) Have you participated in any Self-Help Management Center activities (including any already discussed above) or worked with Self-Help Management Center staff in any way?

_____Yes _____No **[Skip to #15]**

14b) If yes, please describe your involvement with their activities.

14c) How useful was each of the activities, using a scale of 1 (not at all useful) to 5 (very useful)?

- 15) How could the Self-Help Management Center be most helpful for your agency? Can you think of other things you wish that the Self-Help Management Center would do?

That's all the questions I have for you today. Thank you for participating in this interview. The information you have provided to me will help us make recommendations to the new management center about the types of activities that are most important and useful to Los Angeles area self-help providers. We would like to call you again in about a year to update our data.

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:
Deana Piazza, Administrative Office of the Courts
415-865-4225

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"/>	<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"/>	<input type="checkbox"/>
Staff to answer my questions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Help following up with court orders	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Information on where to get more help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____

Workshop Participant Survey

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.

Self-Help Center

For questions or more information, call:
Deana Piazza, Administrative Office of the Courts
415-865-4225

1. What is the name of the workshop you attended today? _____
2. Today's date: ___ / ___ / ___
3. After each statement, please check the box that comes closest to how you feel about your experience in the workshop 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"/>
It was helpful to have other people to talk to in the workshop.	<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 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 able to get into the workshop in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the workshop to a friend with a legal problem like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how helpful you found the services listed below. If you did not receive the service in the workshop today, check "Not Applicable."

	Very Helpful	Somewhat Helpful	Not Very Helpful	Not At All Helpful	Not Applicable
Staff help with forms	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Staff to answer my questions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Help to prepare for a court hearing	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Educational materials (pamphlets, books, videos)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you get help with your legal problem anywhere other than this workshop? No Yes
 If "Yes," where did you get help? (Check all that apply.)

- Court's self-help center Friend or relative Self-Help books
 Legal Aid Paralegal Internet
 Private attorney Library Other: _____

6. How did you participate in today's workshop?

- In person → SKIP TO QUESTION 8 By videoconferencing

7. Please rate the following features of the videoconferencing equipment and facilities on a scale from 1 to 5, with 1 being poor and 5 being excellent. (Circle one number for each feature.)

	(Poor)	→	→	→	(Excellent)
Sound quality	1	2	3	4	5
Picture quality	1	2	3	4	5
Room size	1	2	3	4	5
Seating	1	2	3	4	5
Technical assistance by on-site staff	1	2	3	4	5

8. Please share any other comments or suggestions about the services you received in the workshop today.

9. You are: Male Female

10. 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: _____

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

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

12. 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

13. 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

Dissolution Case File Review

Date of Review: ___/___/_____ County: _____

Case number: _____

Petitioner name: _____

Respondent name: _____

Petition

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date petition filed: ___/___/_____

Date of marriage: ___/___/_____ Date of separation: ___/___/_____

Children Yes No

If yes, number of Children: _____

Property Yes No

- | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Real | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Business | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> School Loans | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Cars | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Boilerplate | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Household | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Property | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Investments | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Debt | <input type="checkbox"/> SP | <input type="checkbox"/> CP |

REQUESTS:

Custody Requested? Yes No N/A

If yes, details: Legal: Pet Resp. JT Other
Physical: Pet Resp. JT Other

Visitation Requested? Yes No N/A
 None Supervised

Property Rights be Determined? Yes No N/A

Establish spousal support? Yes No Reserved
If yes, for whom? Petitioner Respondent

Terminate spousal support? Yes No
If yes, for whom? Petitioner Respondent

Parentage Determination Yes No N/A

Anything Missing - Petition? Yes (explain below) No

UCCJEA Declaration? Yes No N/A

If yes, does it match proposed custody? Yes No Can't tell

(Does the request for custody ask that custody be given to a person with whom the child is currently living?)

Income & Expense Declaration (PET)? Yes No

Simplified Financial? Yes No

Employed? Yes No

If yes, type of job: _____

Educational Level

- | | |
|--|--|
| <input type="checkbox"/> 4 th grade or less | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> 5 th to 8 th grade | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> 9 th to 11 th grade | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Some college | |

Gross monthly income of petitioner: _____

Estimated monthly income of respondent: _____

Proof of Service – Summons? Yes No

Notice & Acknowledgement? Yes No

Proof of Service – Preliminary DOD? Yes No

Date of service of summons: ___/___/_____ Not in File

Type of service: Personal Mail Publication Posting

What was served? Petition & Summons Preliminary DOD
 Initial OSC Other

Request To Enter Default? Yes No N/A

If yes, date entered: ___/___/_____

Property Declaration (PET)? Yes No N/A

Response Filed? Yes No

*If yes, complete and attach response form.

Judgment

CASE DISMISSED: Yes No

If yes, date dismissed: ___/___/_____

DEFAULT/UNCONTESTED:

Default Uncontested filed by: Petitioner Respondent

Declaration for Default of Uncontested Judgment Date Filed: ___/___/_____

Proof of Service/Waiver DOD – Final

Marital Settlement Agreement/Stipulation

Appearance, Stipulation & Waivers

Proposed Judgment

Includes enforceable orders for CC/CV/CS/SS

Other supporting paperwork included

I & E Simplified Financial

Schedule of Assets and Debts

Property Declaration

Proof of Service/Preliminary DOD

Judgment Paperwork Sent Back? Yes No Can't tell

If yes, reasons: _____ Can't tell

No. of times Returned _____ Can't tell

Uncontested Hearing? Yes No

If yes, hearing date: ___/___/_____

CONTESTED:

At-Issue Memo Date Filed: ___/___/_____

Settlement Statement: (Issues, Contentions Proposed Disposition) Pet. Resp.

1st Settlement/Status Conference Date: ___/___/_____

Continued Set new TD

Settled Vacate TD

Maintain Trial Date (TD) Dropped*

*If dropped, why?

FTA

Request of parties/Counsel

Other: _____

Trial: Date: ___/___/___ Petitioner present Respondent present

- Dropped – FTA
- Dropped – Other: _____
- Judgment Made
- Continued
If continued, why?
 - Go to Family Court Services
 - Get attorney
 - Review of issues
 - Can't tell
 - Other: _____
 - Custody Evaluation
 - Request of party
 - Need more information

JUDGMENT DETAILS:

Date Status Terminated: ___/___/___ Written Judgment in File

Status Only
Judgment of Reserved Issues Yes No
If yes, date entered: ___/___/___

ORDERS:

Custody Legal: Pet Resp. JT Other
Physical: Pet Resp. JT Other

Visitation: Reasonable Specific None Supervised

Spousal support for: Pet Amount: _____ Resp Amount: _____
 Terminated for: Pet Resp
 Reserved for: Pet Resp

Child support for: Pet Amount: _____ Resp Amount: _____

Parentage Determination

Property Determination

- | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Real | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Business | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> School Loans | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Cars | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Boilerplate | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Household | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Property | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Investments | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Debt | <input type="checkbox"/> SP | <input type="checkbox"/> CP |

Other Orders:

TOTALS:

Total number of settlement conferences: _____

Total number of trial dates: _____

Total number of OSC/motions filed: _____ Within the last year: _____

Total number of court appearances set: _____ Within the last year: _____

Total number in which orders were made: _____ Within the last year: _____

Total number of continuances _____ Within the last year: _____

MULTIPLE CASES

Evidence of other cases involving the same parties? Yes No Can't tell

If yes, what other cases? (*Check all that apply.*)

- Other dissolution
- Title IV-D
- Juvenile 300
- Criminal DV
- Can't tell
- Uniform Parentage Act
- DVPA
- Probate Guardianship
- Other: _____

Other Information About the Parties

Petitioner	Respondent
<p><input type="checkbox"/> Did petitioner hire an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Was there a change in representation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the change? <input type="checkbox"/> Hired different attorney <input type="checkbox"/> Started pro per, later hired attorney <input type="checkbox"/> Started with attorney, later went pro per <input type="checkbox"/> Other: _____</p> <p>Date of change: ___ / ___ / _____</p>	<p><input type="checkbox"/> Did respondent hire an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Was there a change in representation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, what was the change? <input type="checkbox"/> Hired different attorney <input type="checkbox"/> Started pro per, later hired attorney <input type="checkbox"/> Started with attorney, later went pro per <input type="checkbox"/> Other: _____</p> <p>Date of change: ___ / ___ / _____</p>
<p><input type="checkbox"/> Did petitioner hire a paralegal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Is there an indication that the petitioner received help with his/her forms, from the self-help center or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is that indication? <u>Attributable to center?</u> <input type="checkbox"/> Special whiteout <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Different handwriting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Supplemental declaration <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Highlighting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Typed forms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Did respondent hire a paralegal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Is there an indication that the respondent received help with his/her forms, from the self-help center or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, no response</p> <p>If yes, what is that indication? <u>Attributable to center?</u> <input type="checkbox"/> Special whiteout <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Different handwriting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Supplemental declaration <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Highlighting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Typed forms <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Other: _____</p>

Petitioner	Respondent
<p>☛ Is there an indication that the petitioner needs language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the indication?</p> <p>What is the petitioner's primary language?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know</p>	<p>☛ Is there an indication that the respondent needs language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the indication?</p> <p>What is the respondent's primary language?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know</p>

Dissolution: Hearings

Case number: _____ OSC/NOM number this hearing is connected to: _____

Hearing number (for this OSC/motion): _____

Hearing date: ___ / ___ / _____

Was petitioner present? Yes No Atty. Can't tell
Was respondent present? Yes No Atty. Can't tell

Hearing status:

- Dropped – FTA
- Dropped – no service
- Dropped – NOS
- Dropped – other: _____
- Continued*
- Orders Made**

*If continued, why?

- No proof of service
- Go to Family Court Services
- Request of party
- Review of issues
- Improper paperwork
- Other: _____
- Proof of service not properly filed
- Get attorney
- Long cause
- Need more information
- Can't tell

**If orders made:

- All issues raised in OSC/Motion
- Some issues raised in OSC/Motion
- Issues not raised in OSC/Motion

- Custody/visitation
- Spousal support
- Temporary use of property/payment of debt
- Child support
- DV restraining orders
- Joinder
- Other: _____

Written orders in file? Yes No

COMMENTS

Dissolution: Response

Case number: _____

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date Response filed: ___/___/___

Date of marriage: ___/___/___ Date of separation: ___/___/___

Children Yes No

If yes, number of Children: _____

Property Yes No

- | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Real | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Business | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> School Loans | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Cars | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Boilerplate | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Household | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Property | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Investments | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Debt | <input type="checkbox"/> SP | <input type="checkbox"/> CP |

REQUESTS:

Custody Requested? Yes No N/A

If yes, details: Legal: Pet Resp. JT Other
 Physical: Pet Resp. JT Other

Visitation Requested? Yes No N/A
 None Supervised

Property Rights be Determined? Yes No N/A

Establish spousal support? Yes No Reserved
If yes, for whom? Petitioner Respondent

Terminate spousal support? Yes No
If yes, for whom? Petitioner Respondent

Parentage Determination Yes No N/A

Anything Missing - Response? Yes (explain below) No

UCCJEA Declaration? Yes No N/A

If yes, does it match proposed custody? Yes No Can't tell

(Does the request for custody ask that custody be given to a person with whom the child is currently living?)

Income & Expense Declaration (Resp.)? Yes No

Simplified Financial? Yes No

Employed? Yes No

If yes, type of job: _____

Educational Level

- | | |
|--|--|
| <input type="checkbox"/> 4 th grade or less | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> 5 th to 8 th grade | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> 9 th to 11 th grade | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Some college | |

Gross monthly income of respondent: _____

Estimated monthly income of petitioner: _____ Blank Unknown

Proof of service – response? Yes No

Type of service: Personal Mail Publication Posting

Preliminary DOD – respondent? Yes No

Dissolution: Amended Petition

Case number: _____ Amended petition number: _____

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date amended petition filed: ___/___/___ Legal Sep. to Disso? Yes No

Date of marriage: ___/___/___ Date of separation: ___/___/___

Children Yes No

If yes, number of Children: _____

Property Yes No

- | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Real | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Business | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> School Loans | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Cars | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Boilerplate | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Household | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Property | <input type="checkbox"/> SP | <input type="checkbox"/> CP |
| <input type="checkbox"/> Investments | <input type="checkbox"/> SP | <input type="checkbox"/> CP | <input type="checkbox"/> Other Debt | <input type="checkbox"/> SP | <input type="checkbox"/> CP |

REQUESTS:

Custody Requested? Yes No N/A

If yes, details: Legal: Pet Resp. JT Other
 Physical: Pet Resp. JT Other

Visitation Requested? Yes No N/A
 None Supervised

Property Rights be Determined? Yes No N/A

Establish spousal support? Yes No Reserved
If yes, for whom? Petitioner Respondent

Terminate spousal support? Yes No
If yes, for whom? Petitioner Respondent

Parentage Determination Yes No N/A

Anything Missing - Petition? Yes (explain below) No

Proof of Service – amended Summons? Yes No

Type of service: Personal Mail Publication Posting

Notice & Acknowledgement? Yes No

Date of service Amended pleadings: ___/___/___ POS Not in File

Civil Harassment Case File Review

*****NOTE: ➡ indicates that question must be answered*****

General information on the case

Date of review: ___/___/___

➡ County: _____

➡ Case number: _____

➡ Petitioner name: _____ Date of Birth: ___/___/___

➡ Respondent name: _____ Date of Birth: ___/___/___

➡ Date initial petition (CH-100) filed: ___/___/___

Date amended petition filed: ___/___/___ N/A

Date amended petition filed: ___/___/___ N/A

➡ Relationship of parties:

- | | |
|--|--|
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Extended family |
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Roommates |
| <input type="checkbox"/> Former date | <input type="checkbox"/> Domestic partners |
| <input type="checkbox"/> Landlord/tenant | |
| <input type="checkbox"/> Other: _____ | |

➡ Does it appear that there have been other cases between these litigants? (Is 16a or 16b checked on the petition? Are there multiple cases on the same calendar?)

- Yes
- No
- Can't tell

➡ What was the last document in the file?

- Petition (CH-100)
- OSC/TRO (CH-120)
- Proof of service of OSC
- Response (CH-110)
- Proof of service of response
- Order after hearing (CH-140)
- Other: _____

Filings and Service - Petitioner

➤ Were there add-ons to the declaration? Yes No

If yes, what were they?

Attachments

Other: _____

➤ Was there a supplemental declaration? Yes No

If yes, date filed: ___/___/_____

➤ Date of service of OSC: ___/___/_____ Not in file

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Date of service of other document: ___/___/_____ N/A

Document served: _____

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Date of service of other document: ___/___/_____ N/A

Document served: _____

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Filings and Service - Respondent

Was a response filed? Yes No Can't tell

If yes, was affirmative relief requested? Yes No Can't tell

Did respondent agree to terms of order? Yes No Can't tell

Were there add-ons to the declaration? Yes No

If yes, what were they?

Attachments

Other: _____

Was there a supplemental declaration? Yes No

If yes, date filed: ___/___/_____

Date of service: ___/___/_____ Not in file

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Date of service of other document: ___/___/_____ N/A

Document served: _____

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Date of service of other document: ___/___/_____ N/A

Document served: _____

How was service effected?

Sheriff/police

Friend/neighbor

Attorney's office

Unidentified party

Other: _____

Temporary Order

➔ Was a temporary order (CH-120) issued? Yes No Can't tell

If no, why?

If yes, date issued: ___/___/_____

Was the stay-away order granted? Yes No

Were all the requests granted? Yes No

If no, what was not granted?

- Stay-away distance
- Persons requested vs. included in order
- Places requested vs. included in order
- Other: _____

Was a temporary order (CH-120) issued? Yes No Can't tell N/A

If no, why?

If yes, date issued: ___/___/_____

Was the stay-away order granted? Yes No

Were all the requests granted? Yes No

If no, what was not granted?

- Stay-away distance
- Persons requested vs. included in order
- Places requested vs. included in order
- Other: _____

Hearings

➤ Date hearing set: ___/___/___ Dept: _____ Time: _____

- Was petitioner present? Yes No Can't tell
➤ Was respondent present? Yes No Can't tell

➤ Hearing status:

- Proceeded – permanent order Continued
 Proceeded – dismissed/denied Dropped
 Reset due to reissuance before hearing

If continued, why?

- No proof of service
 Proof of service not properly filed
 Other: _____
 Can't tell

Date hearing set: ___/___/___ Dept: _____ Time: _____ N/A

- Was petitioner present? Yes No Can't tell
Was respondent present? Yes No Can't tell

Hearing status:

- Proceeded – permanent order Continued
 Proceeded – dismissed/denied Dropped
 Reset due to reissuance before hearing

If continued, why?

- No proof of service
 Proof of service not properly filed
 Other: _____
 Can't tell

Date hearing set: ___/___/___ Dept: _____ Time: _____ N/A

- Was petitioner present? Yes No Can't tell
Was respondent present? Yes No Can't tell

Hearing status:

- Proceeded – permanent order Continued
 Proceeded – dismissed/denied Dropped
 Reset due to reissuance before hearing

If continued, why?

- No proof of service
 Proof of service not properly filed
 Other: _____
 Can't tell

Permanent Order

➤ Was a permanent order (CH-140) issued? Yes No Can't tell

If no, why?

Off calendar, no appearances

Other: _____

If yes, date issued: ___/___/_____

Was the stay-away order granted? Yes No

Were all the requests granted? Yes No

If no, what was not granted?

Stay-away distance

Persons requested vs. included in order

Places requested vs. included in order

Other: _____

When does the order expire? ___/___/_____

Other Information About the Parties

422	Petitioner	Respondent
<p><input type="checkbox"/> Was there an indication of a fee waiver in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Did petitioner hire an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Was there a change in representation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the change? <input type="checkbox"/> Hired different attorney <input type="checkbox"/> Started pro per, later hired attorney <input type="checkbox"/> Started with attorney, later went pro per <input type="checkbox"/> Other: _____</p> <p>Date of change: ___ / ___ / ___</p>	<p><input type="checkbox"/> Was there an indication of a fee waiver in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, no response</p> <p><input type="checkbox"/> Did respondent hire an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Was there a change in representation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, what was the change? <input type="checkbox"/> Hired different attorney <input type="checkbox"/> Started pro per, later hired attorney <input type="checkbox"/> Started with attorney, later went pro per <input type="checkbox"/> Other: _____</p> <p>Date of change: ___ / ___ / ___</p>	
<p><input type="checkbox"/> Is there an indication that the petitioner received helped with his/her forms, from the ACCESS Center or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is that indication? <input type="checkbox"/> Special whiteout <input type="checkbox"/> Different handwriting <input type="checkbox"/> Supplemental declaration <input type="checkbox"/> Highlighting <input type="checkbox"/> Other: _____</p> <p>Attributable to ACCESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p>	<p><input type="checkbox"/> Is there an indication that the respondent received helped with his/her forms, from the ACCESS Center or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, no response</p> <p>If yes, what is that indication? <input type="checkbox"/> Special whiteout <input type="checkbox"/> Different handwriting <input type="checkbox"/> Supplemental declaration <input type="checkbox"/> Highlighting <input type="checkbox"/> Other: _____</p> <p>Attributable to ACCESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p>	

Petitioner	Respondent
<p>➔ Is there an indication that the petitioner needs language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the indication?</p> <p>What is the petitioner's primary language?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know</p>	<p>➔ Is there an indication that the petitioner needs language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the indication?</p> <p>What is the respondent's primary language?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know</p>

Unlawful Detainer Case File Review

General information on the case

Date of Review: ___/___/___

County: _____

Case number: _____

Plaintiff name: _____

Attorney at filing? Yes No

Defendant name: _____

Defendant name: _____

Defendant name: _____

Defendant name: _____

Defendant name: _____

Complaint

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date Complaints filed: ___/___/___
 Limited Unlimited (over \$25K)

Rental Agreement: Written Oral

Monthly Rental Amount \$ _____

Type of Notice:

- 3-day – pay or quit
- 3-day – perform or quit
- 60-day notice
- 3-day – quit
- 30-day – quit
- Other _____

Election of forfeiture included? Yes No

Date notice period expired: ___/___/___

Service of Notice:

Date of Service: ___/___/___ Not in file

How was service effected?

- Personal
- Substituted
- Posting
- Can't tell

Requests:

- Possession
- Attorneys Fees
- Past Due Rent Amount: _____
- Damages Amount: _____
- Forfeiture
- Late Fees
- Other: _____

UD Assistant: None Paralegal Attorney Legal Aid

Is there an indication that the plaintiff received help with his/her forms, from SHARP or elsewhere? Yes No

If yes, what is that indication?

Attributable to SHARP?

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Special whiteout | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Different handwriting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Supplemental declaration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Highlighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |

Is there an indication that the plaintiff needs language assistance? Yes No

If yes, what is the indication? _____

What is the plaintiff's primary language?

- Spanish
- Russian
- Chinese
- Vietnamese
- Tagalog
- Other: _____
- Don't know

RESPONSIVE PLEADINGS:

Motion to Quash: Yes No
Defendant: _____

Granted: Yes No
Attorney: Yes No

Motion to Strike: Yes No
Defendant: _____

Granted: Yes No
Attorney: Yes No

Demurrer: Yes No
Leave to Amend: Yes No
Defendant: _____

Sustained: Yes No
Attorney: Yes No

Answer filed? Yes No

*If yes, complete and attach answer form.

Default Declaration

Declaration for Default filed? Yes No

If yes, date filed: ___/___/_____

Application for Immediate Possession included? Yes No

Does notice to quit information match Complaint? Yes No

Amount of rent requested: _____

Same fair rental value as in Complaint? Yes No

Notice was served - same as in Complaint? Yes No

Proof of Service of Summons and Complaint attached? Yes No

Pre-judgment claim of right to possession served on other occupants? Yes No

Was a Money Judgment Requested? Yes No

If yes, in what amount? _____

Were there missing Exhibits? Yes No

If yes, what was missing?

Original Rental Agreement

Original Modification of Agreement

Notice to Quit

Copy with declaration & order

Copy with declaration & order

Proof of Service

Judgment

At- Issue filed? Yes No

Notice of Trial to Defendants? Yes No

Case Dismissed? Yes No

If yes, why? _____

Date of Judgment: ___/___/_____ Not applicable

How was judgment reached?

- By default
- After trial
- By stipulation

If By Default:

- Clerk
- Court

If After Trial:

Did plaintiff appear? Yes No

Did defendant(s) appear?

- Yes, all defendants
- Yes, some defendants
- No, none of the defendants

If some or none, number of Defendants not appearing: _____

Defendant(s) properly served with trial notice? Yes No

Judgment for: Plaintiff Defendant

Statement of Decision Requested – Reasons for Judgment:

Immediate possession to Plaintiff

Money Judgment to Plaintiff - Amount \$ _____

Conditional Judgment

Plaintiff to make repairs Defendant to pay reduced rent until repairs made

New court date set for compliance of parties – Date: ___/___/_____

If By Stipulation:

Terms of Stipulation Included? Yes No

Plaintiff to return deposit

Plaintiff to get possession

Lockout date: ___/___/_____

Attorneys Fees

Costs

Back Rent

Holdover

Other

Defendant to pay money judgment in installments? Yes No N/A

Post Judgment Relief from Forfeiture Yes No

If yes, granted? Yes No

Application for stay of execution? Yes No

If yes, granted? Yes No

Motion to set aside default judgment? Yes No

If yes, granted? Yes No

Writ of Execution? Yes No

Procedural Defects? Yes No

Notice: (specify)

Pleadings: (specify)

Other: (specify)

Unlawful Detainer: Answer

Case number: _____

Defendant number: _____

Attorney at filing? Yes No

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date Answer filed: ___/___/_____

General denial required? Yes No

If yes, general denial included? Yes No

Specific denials? Yes No

If yes, what? _____

Did respondent raise any affirmative defenses? Yes No

If yes, what were they?

- | | |
|--|---|
| <input type="checkbox"/> Habitability | <input type="checkbox"/> Made repairs |
| <input type="checkbox"/> Timely tender refused | <input type="checkbox"/> Plaintiff cancelled notice |
| <input type="checkbox"/> Retaliatory eviction | <input type="checkbox"/> Rent control violation |
| <input type="checkbox"/> Plaintiff accepted rent | |
| <input type="checkbox"/> Other: _____ | |

Supporting facts provided? Yes No

Premises vacated? Yes No

Counter At-Issue Memo Filed? Yes No

Fair rental value excessive (habitability claims)? Yes No

Requests:

- | | |
|---|--|
| <input type="checkbox"/> Attorneys Fees | <input type="checkbox"/> Plaintiff to make repairs |
| <input type="checkbox"/> Other: _____ | |

UD Assistant None Paralegal Attorney Legal Aid

Is there an indication that the defendant received help with his/her forms, from SHARP or elsewhere? Yes No

If yes, what is that indication?

Attributable to SHARP?

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Special whiteout | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Different handwriting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Supplemental declaration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Highlighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk |

Is there an indication that the defendant needs language assistance? Yes No

If yes, what is the indication? _____

What is the defendant's primary language?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Vietnamese | |

Unlawful Detainer: Amended Complaint

Case number: _____ Amended complaint number: _____

Plaintiff name: _____ Attorney at filing? Yes No

Defendant name: _____
Defendant name: _____
Defendant name: _____
Defendant name: _____
Defendant name: _____

Fee waiver? Yes No

Format: Typed Handwritten Paralegal (CDA) Computer forms

Date Amended Complaint filed: ___/___/___
 Limited Unlimited (over \$25K)

Rental Agreement: Written Oral

Monthly Rental Amount \$ _____

Type of Notice:
 3-day – pay or quit 3-day – quit
 3-day – perform or quit 30-day – quit
 60-day notice
 Other _____

Election of forfeiture included? Yes No

Date notice period expired: ___/___/___

Service of Notice:
Date of Service: ___/___/___ Not in file

How was service effected?
 Personal Substituted
 Posting Can't tell

Requests:
 Possession
 Attorneys Fees
 Past Due Rent Amount: _____
 Damages Amount: _____
 Forfeiture
 Late Fees
 Other: _____

UD Assistant: None Paralegal Attorney Legal Aid

Is there an indication that the plaintiff received help with his/her forms, from SHARP or elsewhere? Yes No

If yes, what is that indication?

- Special whiteout
- Different handwriting
- Supplemental declaration
- Highlighting
- Other: _____

Attributable to SHARP?

- Yes No Unk
- Yes No Unk
- Yes No Unk
- Yes No Unk
- Yes No Unk

Is there an indication that the plaintiff needs language assistance? Yes No

If yes, what is the indication? _____

What is the plaintiff's primary language?

- Spanish
- Russian
- Chinese
- Vietnamese
- Tagalog
- Other: _____
- Don't know

Responsive Pleadings:

Motion to Quash: Yes No
Defendant: _____

Granted: Yes No
Attorney: Yes No

Motion to Strike: Yes No
Defendant: _____

Granted: Yes No
Attorney: Yes No

Demurrer: Yes No
Leave to Amend: Yes No
Defendant: _____

Sustained: Yes No
Attorney: Yes No

Answer filed? Yes No

*If yes, complete and attach answer form.

Intake Survey: Virtual Self-Help Center

Introduction

Please take a few minutes to complete this survey for a research study that will provide the Virtual Self-Help Center with information on how to improve services.

The information that might tell us who you are will remain confidential and will not be used in any data analysis or report. Your answers will not affect the services you receive from the self-help center or your case.

You may refuse to answer any or all of the questions.

For more information about the study please contact Berkeley Policy Associates at 510-465-7884.

You are:

- Representing yourself in a legal matter
- Friend or relative of someone who has legal questions
- Lawyer or work for a lawyer
- Researching general legal issues
- Self-help center staff
- Library staff
- Other: _____

Case Type:

- Guardianship
- Divorce
- Domestic Violence
- Family Law (child custody, child visitation, child support, or spousal support issues)
- Landlord/Tenant Issues
- Other: _____

Zip Code: _____

Do you speak a language other than English at home?

- No Yes

If yes, which language (*choose all that apply*)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other _____ |

What language would you prefer to receive self-help services in?

- English Other: _____
- Spanish

You are:

- Male Female

Your race/ethnic group is (choose all that apply):

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

How many children under 19 live in your household? _____

The highest level of school you completed:

- | | |
|--|--|
| <input type="checkbox"/> 4 th grade or less | <input type="checkbox"/> Some college |
| <input type="checkbox"/> 5 th to 8 th grade | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> 9 th to 11 th grade | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Graduate degree |

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

- | | |
|--|--|
| <input type="checkbox"/> \$500 or less | <input type="checkbox"/> \$1,501-\$2,000 |
| <input type="checkbox"/> \$501-\$1,000 | <input type="checkbox"/> \$2,001-\$2,500 |
| <input type="checkbox"/> \$1,001-\$1,500 | <input type="checkbox"/> Over \$2,500 |

Whose computer are you using?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Home | <input type="checkbox"/> School |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Courthouse public terminal |
| | <input type="checkbox"/> Other: _____ |

How comfortable are you with computers?

- Very Comfortable
 Comfortable
 Somewhat Comfortable
 Not at all Comfortable

How often do you use the Internet?

- Every day
 A few times a week
 Once a week
 Once a month
 Other: _____

You use the Internet for (choose all that apply):

- E-mail.
- School research or courses
- News, weather, sports
- Information search
- Job search
- Job-related tasks
- Shopping or paying bills
- Playing games, entertainment, fun
- Other:_____

Exit Survey Virtual Self-Help Center

Please take a few minutes to complete this survey for a research study that will provide the Virtual Self-Help Center with information on how to improve services.

(1) Which legal issue did you need help with? *(choose all that apply)*

- Guardianship
- Domestic Violence
- Divorce
- Family Law (child custody, child visitation, child support, or spousal support issues)
- Landlord/Tenant
- Court Procedures
- Other: _____

(2) What type of help did you receive today? *(choose all that apply)*

- Forms Only
- Forms with instructions
- Videos with information
- Explanation of how the legal system might work in my case
- Explanation of steps I need to take to solve my legal problem
- Where else to get help with my legal problem
- Other: _____

(3) What was the overall goal of your visit to the website?

(4) We want to know about your experience using the website. Please look at the sentences below and put a **checkmark to show if you **Strongly disagree, Disagree, Agree, or Strongly agree**:**

Strongly disagree Disagree Agree Strongly agree

I found the information I wanted

I understood the information

The information helped me understand my situation better

The information helped me understand what to do next to resolve my situation

It was easy to get around the website

Overall I am happy with the information I received today

(5) Were you looking for anything you could not find? Please explain: _____

(6) Do you have any ideas for improving the website? Please explain: _____

Virtual Self-Help Law Center User Study Sign-in Sheet

The Administrative Office of the Courts (AOC) is conducting a research study on the Contra Costa Superior Court's Virtual Self-Help Law Center Web site.

As part of the study, we would like to invite you to use the Web site to get your paperwork started and to obtain information on how to proceed with your case. An AOC staff member will observe you while you use the Web site and make note of any questions or problems you have. AOC staff will also follow up with the court to see if using the Web site had any impact on the paperwork you file.

By participating, you will have the opportunity to provide us with important information about the effectiveness of the Web site in helping individuals with guardianship cases, which will allow us to give feedback to the court about how to improve the Web site. All the information you provide will be kept completely confidential. No reference will be made in written or oral materials that could link you to the study. In reports, the information you give us will be combined with what we get from everyone who participates in the study. Your participation in the research study is completely voluntary. It will not affect your case in any way.

If you have any questions about the study, you may call or write Deana Piazza, Senior Research Analyst at 415-865-4225 or 455 Golden Gate Ave., San Francisco, CA 94102. Thank you for your participation!

Please sign in below if you agree to participate in the study.

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Web Site User Survey

Virtual Self-Help Law Center

Please take a few minutes to complete this survey for a research study that will provide the Virtual Self-Help Law Center with information on how to improve services. Filling out this survey will not affect your case. And your answers and personal information will be kept confidential.

For questions or more information, call:
Deana Piazza, Administrative Office of the Courts
415-865-4225

2. We want to know about your experience using the Web site. Please review the statements below and put a checkmark to show if you Strongly Agree, Agree, Disagree, or Strongly Disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree
I found the information I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information 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"/>
The information helped me understand what to do next to resolve my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to get around the Web site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel comfortable using the Web site on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall I am happy with the information I received today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use the Web site again if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the Web site to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were you looking for anything you could not find? Please explain: _____

3. Do you have any ideas for improving the Web site? Please explain: _____

4. How comfortable are you with computers?

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Not At All Comfortable

5. How often do you use the Internet?

- Every day
- A few times a week
- Once a week
- Once a month
- Other: _____

6. You are: Male Female

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

- No Yes*

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

- Spanish Tagalog
- Cantonese Vietnamese
- Mandarin Other: _____

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

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

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

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

10. The highest level of school you completed:

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