

JUDGE LINDA DUNSON
309TH DISTRICT COURT

SURVEY: Please tell us your opinion during these proceedings. **Your responses will be kept strictly confidential.**

PLEASE RATE THE FOLLOWING:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
A. YOUR HEARING:						
1. Hearings scheduled within a reasonable amount of time	5	4	3	2	1	N/A
2. Getting a copy of your court ordered service plan	5	4	3	2	1	N/A
3. Getting after-hours or flexible care when you needed it	5	4	3	2	1	N/A
4. The efficiency of the check-in process	5	4	3	2	1	N/A
5. Waiting time for your hearing to begin	5	4	3	2	1	N/A
6. Waiting time for hearing to begin	5	4	3	2	1	N/A
7. Keeping you informed if your hearing was delayed	5	4	3	2	1	N/A
8. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
B. COURT STAFF:						
1. The courtesy of the person who took your call (if applicable)	5	4	3	2	1	N/A
2. The friendliness and courtesy of the court staff	5	4	3	2	1	N/A
3. The helpfulness of the people who assisted you during court	5	4	3	2	1	N/A
4. The professionalism of our court staff	5	4	3	2	1	N/A
C. COURT APPOINTED AD LITEM'S COMMUNICATION WITH YOU:						
1. Your phone calls answered promptly (if applicable)	5	4	3	2	1	N/A
2. Getting advice or help when needed during court hours	5	4	3	2	1	N/A
3. Explanation of your court case (if applicable)	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5. Usefulness of any information materials provided	5	4	3	2	1	N/A
6. Getting your calls returned in a timely manner	5	4	3	2	1	N/A
7. Your ability to contact us after hours	5	4	3	2	1	N/A

PLEASE COMPLETE THE OTHER SIDE 

Cause No. _____

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
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**D. YOUR INTERACTION WITH THE COURT'S TRAUMA TEAM:
(Judge, Attorneys, Caseworker, Clerk, Bailiff, CASA)**

1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent on your hearing/concerns	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Providing instructions regarding services, deadlines or future hearings	5	4	3	2	1	N/A
6. Advice/encouragement provided to you	5	4	3	2	1	N/A

E. YOUR OVERALL SATISFACTION WITH:

1. Judge, Attorneys, Caseworker, Clerk, Bailiff, CASA	5	4	3	2	1	N/A
2. The quality of your services	5	4	3	2	1	N/A
3. Overall rating of care from your providers	5	4	3	2	1	N/A

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? **Yes** 1 **No** 2

IF NO, PLEASE TELL US WHY: _____

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUT YOU:

(circle the number that applies to you)

GENDER

Male 1
 Female 2
 Non-Binary 3

YOUR AGE

Under 18 1
 18-30 2
 31-40 3
 41-50 4
 51-60 5
 Over 60 6

HAVE YOU HAD:

Prior DFPS history
 No prior DFPS history

RACE/ETHNICITY:

1 White 1
 2 Black 2
 Hispanic 3
 Asian 4
 Native American 5
 Polynesian 6
 Bi-racial 7
 Other 8

Thank you for your participation!

Cause No. _____