**EVALUATION FORM FOR VICTIMS AND PROSECUTION WITNESSES**

We would appreciate it if you would take a few minutes to complete this evaluation and return it to our office. We are very interested in your perceptions of the way we do our job. Your responses, whether positive or negative, will greatly assist our efforts to improve our effectiveness.

1. Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(optional)

Name of Case: State v. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(optional)

1. Do you feel that you have been adequately informed about the progress of your case through the system? Yes \_\_\_\_ No \_\_\_\_

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. With whom in the Prosecutor’s Office did you have contact during your involvement in this case? (Check all that apply)

\_\_\_\_ Secretary

\_\_\_\_ Legal Assistant

\_\_\_\_ Advocate

\_\_\_\_ Victim/Witness Assistant

\_\_\_\_ Deputy Prosecuting Attorney

\_\_\_\_ Other

\_\_\_\_ Had no contact with Prosecutor’s Office

\_\_\_\_ Received one or more letters, but not sure who sent them.

Did you encounter any difficulty in attempting to contact Prosecutor’s Office staff?

Yes \_\_\_\_ No \_\_\_\_ If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Generally speaking, are you satisfied with the way in which you were treated by the Prosecutor’s Office during your involvement in this case?

Yes \_\_\_\_ No \_\_\_\_

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. *If you actually came to court* for a trial or other proceeding, please answer the following:

1. Did we adequately inform you of any cancellations or postponements of the court proceedings? Yes \_\_\_\_ No \_\_\_\_ Does not apply \_\_\_\_
2. Did we adequately prepare you to testify in court?

Yes \_\_\_\_ No \_\_\_\_ Does not apply \_\_\_\_

1. Did you receive adequate assistance when you came to court?

Yes \_\_\_\_ No \_\_\_\_ Does not apply \_\_\_\_

Comments regarding any of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. From your point of view, was the Prosecutor’s Office effective in the way it handled this case?

Yes \_\_\_\_ No \_\_\_\_

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What did the Prosecutor’s Office do that was helpful to you during your involvement in this case?

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1. Do you have any suggestions as to how we might improve our services to witnesses or victims?

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Please use the enclosed envelope to mail the completed form or mail to:

Attn: Victim/Witness Assistance Unit

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Thank you for taking the time to respond.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prosecuting Attorney