

Lake Havasu City Prosecutor's Office Victim Assistance Survey

Please let us know about your recent experience with our program. Thank you for your help as we try to improve the quality of our services. If you would like to complete the survey, please return it to victimadvocate@lhcaz.gov

Please rate the following based on your contact with the advocate:

1. The victim advocate was professional, treated me respectfully and the services provided were helpful.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

2. The victim advocate provided information needed to make informed decisions about contacting community support services.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

3. Having a victim advocate helped increase my knowledge and understanding of the criminal justice system.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

4. The victim advocate had a positive impact on my participation in the case and I am satisfied with my level of participation in the criminal justice system.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

5. My anxiety about participating in the criminal justice system was reduced because of the assistance provided by the victim advocate.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

6. The victim advocate assisted with a protective order and/or victim impact statement and/or restitution application and/or victim compensation fund application.

Strongly Disagree Strongly Agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

(OPTIONAL)

Comments/Improvements:

(OPTIONAL) State v. _____ Cause No. _____