

Q1. Date of Service:		If IV-D Only (Complete Q1-Q11.1) If IV-D and Non IV-D services or Non IV-D only (Complete applicable sections Q1-Q15)
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Q3. Has the customer visited this self-help center before?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Customer Doesn't Know

Q4. Language customer feels most comfortable speaking:	
<input type="checkbox"/> English	
<input type="checkbox"/> Spanish	
<input type="checkbox"/> Cantonese	
<input type="checkbox"/> Mandarin	
<input type="checkbox"/> Filipino/Tagalog	
<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Armenian	
<input type="checkbox"/> Persian/Farsi	
<input type="checkbox"/> Cambodian	
<input type="checkbox"/> Hmong	
<input type="checkbox"/> Russian	
<input type="checkbox"/> Arabic	
<input type="checkbox"/> ASL	
<input type="checkbox"/> Other:	

Q5. Customer's Zip Code:	
Zip Code:	<input style="width:95%;" type="text"/>
Customer does not have a Zip Code <input type="checkbox"/>	
Customer did not provide a Zip Code <input type="checkbox"/>	

Q6. Did the customer look online for legal information before coming to this office?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Customer Doesn't Know

Q7. How service is provided: <i>(Select all that apply)</i>	
<input type="checkbox"/> In-person <i>(One-on-One Services or workshop)</i>	
<input type="checkbox"/> Telephone	
<input type="checkbox"/> Text [SMS]	
<input type="checkbox"/> E-mail	
<input type="checkbox"/> Live Chat	
<input type="checkbox"/> CoBrowsing <i>(remote asst. browsing)</i>	
<input type="checkbox"/> Mail <i>(Correspondence)</i>	
<input type="checkbox"/> Video Conf. <i>(Skype, Zoom, etc.)</i>	
<input type="checkbox"/> Other:	

Q8. IV-D triage conducted		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Q9. Services provided: <i>(Select all that apply)</i>	
<input type="checkbox"/> Forms and/or Documents <i>(Select all that apply)</i>	
<input type="checkbox"/> Review Forms	
<input type="checkbox"/> Provide Forms and/or Info Packets	
<input type="checkbox"/> Help with Completing Forms	
<input type="checkbox"/> Make Copies/Organize Documents/Mailings	
<input type="checkbox"/> Help with Document Assembly	
<input type="checkbox"/> Help with E-filing	
<input type="checkbox"/> Information provided	
<input type="checkbox"/> Courtroom Services	
<input type="checkbox"/> Settlement Assistance/Mediation	
<input type="checkbox"/> Order After Hearing or Judgment	
<input type="checkbox"/> Services provided in a Language Other than English	
<input type="checkbox"/> Workshop	
<input type="checkbox"/> Other:	

Q10. Service(s) customer received:
<input type="checkbox"/> IV-D Services only
<input type="checkbox"/> Non IV-D Services only
<input type="checkbox"/> IV-D and Non IV-D Services

Q11. IV-D Services Provided: <i>(Select all that apply)</i>
<input type="checkbox"/> Modify Child Support
<input type="checkbox"/> Support Arrears
<input type="checkbox"/> Establish Child Support
<input type="checkbox"/> Preparation of Order
<input type="checkbox"/> Medical Support
<input type="checkbox"/> Answer
<input type="checkbox"/> License Revocation
<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Paternity
<input type="checkbox"/> Set Aside
<input type="checkbox"/> Other: <i>[Enter Type of IV-D Service Below]</i>
[_____]

Q12. Family Law Service(s) provided: <i>(Select all that apply)</i>
<input type="checkbox"/> Adoption
<input type="checkbox"/> Child Support (non IV-D Services)
<input type="checkbox"/> Child Custody and/or Visitation
<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic Violence – Petitioner
<input type="checkbox"/> Domestic Violence – Respondent
<input type="checkbox"/> Parentage <i>(Non IV-D Paternity)</i>
<input type="checkbox"/> Spousal or Partner Support
<input type="checkbox"/> Other Family Law

Q13. Civil Service(s) provided: <i>(Select all that apply)</i>
<input type="checkbox"/> Civil Harassment – Petitioner
<input type="checkbox"/> Civil Harassment – Respondent
<input type="checkbox"/> Landlord/Tenant – Tenant
<input type="checkbox"/> Landlord/Tenant – Landlord
<input type="checkbox"/> Small Claims – Plaintiff
<input type="checkbox"/> Small Claims – Defendant
<input type="checkbox"/> Consumer Debt
<input type="checkbox"/> Elder Abuse
<input type="checkbox"/> Name Change
<input type="checkbox"/> Other Limited Civil
<input type="checkbox"/> General Civil
<input type="checkbox"/> Other:

Q14. Probate Services provided: <i>(Select all that apply)</i>
<input type="checkbox"/> Guardianship – Petitioner
<input type="checkbox"/> Guardianship – Objector
<input type="checkbox"/> Conservatorship
<input type="checkbox"/> Limited Conservatorship
<input type="checkbox"/> Probate
<input type="checkbox"/> Other:

Q15. Expungements, Traffic: Other Miscellaneous non IV-D Services provided: <i>(Select all that apply)</i>
<input type="checkbox"/> Expungements
<input type="checkbox"/> Traffic
<input type="checkbox"/> Other: