



OFFICE OF THE PROSECUTING ATTORNEY
DWIGHT K. SCROGGINS, JR., PROSECUTING ATTORNEY
 411 Jules, Buchanan County Courthouse, St. Joseph, Missouri 64501

— DOMESTIC VIOLENCE SERVICE QUESTIONNAIRE —

We thank you in advance for completing this questionnaire. When you have finished, please return it to our office at the address listed above, or click the "SUBMIT" button and the form will be sent as an email attachment to our office automatically.

Name: (optional) _____ Phone # (optional): _____

Please rate the services you received from our office. Circle or click the number that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

		Substantially deteriorated				Substantially improved
1	The behavior of the defendant toward you has...	1	2	3	4	5
2	The behavior of the defendant in general has...	1	2	3	4	5
3	How has Drug and Alcohol Treatment affected defendant's behavior?	1	2	3	4	5
4	How has Batterer's Intervention affected defendant's behavior?	1	2	3	4	5
		Extremely unhelpful				Extremely helpful
5	The help and information you received from the Prosecutor's Office Domestic Violence Victim Advocate has been	1	2	3	4	5
		Extremely dissatisfied				Extremely satisfied
6	How satisfied are you with role of the Prosecuting Attorney's Office in the case?	1	2	3	4	5
		Very poor				Very good
7	The concern of the Domestic Violence Advocate and/or Domestic Violence Prosecutor to keep you informed about the case...	1	2	3	4	5
8	The degree to which the Domestic Violence Advocate and/or Domestic Violence Prosecutor took the time to listen to you...	1	2	3	4	5

Please describe what was most helpful about the Domestic Violence Advocate and/or Domestic Violence Prosecutor:

Please describe what was least helpful about the Domestic Violence Advocate and/or Domestic Violence Prosecutor:

What changes, if any, would you suggest we make in order to be more helpful in future cases?

Are you still involved in a relationship with the defendant? YES NO.

Are you currently living with the defendant? YES NO.

Does the defendant harass or abuse you either physically or verbally? YES NO.

If YES, how so: _____

Were you given information from the Domestic Violence Advocate and/or Domestic Violence Prosecutor about counseling available to victims of domestic violence? YES NO.

Have you attended any counseling sessions for victims of domestic violence? YES NO.

Would you like someone to call you to discuss any issue or aspect about the case? YES NO. (If YES, include your phone number above.)

CLEAR FORM

PRINT FORM

SUBMIT FORM