

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
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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:

Customer **does not have** a Zip Code

Customer **did not provide** a Zip Code

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
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Q7. How service is provided: *(Select all that apply)*

<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
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Q9. Services provided: *(Select all that apply)*

<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:

- IV-D Services only
- Non IV-D Services only
- IV-D and Non IV-D Services

Q11. IV-D Services Provided: *(Select all that apply)*

- Modify Child Support
- Support Arrears
- Establish Child Support
- Preparation of Order
- Medical Support
- Answer
- License Revocation
- Spousal Support
- Paternity
- Set Aside
- Other Title IV-D service

Q12. Family Law Service(s) provided:*(Select all that apply)*

- Adoption
- Child Support (non IV-D Services)
- Child Custody and/or Visitation
- Divorce
- Domestic Violence – Petitioner
- Domestic Violence – Respondent
- Parentage *(Non IV-D Paternity)*
- Spousal or Partner Support
- Other Family Law

Q13. Civil Service(s) provided: *(Select all that apply)*

- Civil Harassment – Petitioner
- Civil Harassment – Respondent
- Landlord/Tenant – Tenant
- Landlord/Tenant – Landlord
- Small Claims – Plaintiff
- Small Claims - Defendant
- Consumer Debt
- Elder Abuse
- Name Change
- Other Limited Civil
- General Civil
- Other:

Q14. Probate Services provided:*(Select all that apply)*

- Guardianship – Petitioner
- Guardianship – Objector
- Conservatorship
- Limited Conservatorship
- Probate
- Other:

**Q15. Expungements, Traffic: Other
Miscellaneous non IV-D Services provided:***(Select all that apply)*

- Expungements
- Traffic
- Other: