

Case Conclusion Survey **CONFIDENTIAL – FOR INTERNAL USE ONLY**

Client Information ATTORNEY NAME: DOB: Client Name: ____ Gender: ☐ Male ☐ Female ☐ Other Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Other Case Information Case Number(s): ___ Type of Case(s): ☐ Dependency ☐ EFC/PESS/Aftercare ☐ Truancy ☐ CINS/FINS □ Delinquency □ Criminal □ Other _____ _____ Referral Judge ___ Date of Appointment: _____ Legal Needs/Special Circumstances ☐ Mental Illness □ Intellectual Disability/Autism □ Substance Abuse ☐ Education Needs ☐ Human Trafficking □ Counseling Needs ☐ Medical Needs □ Competency □ Transportation Needs □ Probation Conditions □ Case Resolution Contract ☐ Walker Plan ☐ Other: Case Outcome Case Disposition (Date & Outcome): _____ What were the goals identified at the start of your representation? Please Explain: Were the goals met during the representation? Please Explain: ☐ Yes, fully ☐ Partially ☐ No Please describe the key legal actions/strategies you undertook during the case representation. How helpful was Crossroads' support during your representation? (Check Box Below) □ Extremely helpful □ Somewhat helpful □ Neutral □ Not very helpful □ Not at all helpful What did Crossroads do particularly well in supporting you during your case? What could Crossroads improve for future volunteer attorney support? What upcoming training(s) would you like to see to better help you on future Crossroads cases? May I contact you so I can prepare a Client Success Story for our stakeholders? \square Yes \square No Are you available for a new case? ☐ Yes ☐ No If no, when available? _____

Are you willing to serve as a mentor for a new Crossroads attorney? \square Yes \square No