CROSSROADS FOR FLORIDA KIDS

Case Conclusion Survey

****CONFIDENTIAL – FOR INTERNAL USE ONLY****

Client Information

ATTORNEY NAME: _____

Client Name: _____ **DOB:** _____

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 _____

Date of Appointment: _____ **Referral Judge** _____

Legal Needs/Special Circumstances

☐ Mental Illness ☐ Intellectual Disability/Autism ☐ Substance Abuse
☐ Human Trafficking ☐ Counseling Needs ☐ Education Needs
☐ Medical Needs ☐ Transportation Needs ☐ Competency
☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No