



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 to send the form as an e-mail attachment to our office.

Name: (optional) _____ Phone number: (optional) _____

- 1. Are you still involved in a relationship with the defendant? ___ YES ___ NO
- 2. Are you currently living with the defendant? ___ YES ___ NO
- 3. Does the defendant harass or abuse you either physically or verbally? ___ YES ___ NO

If YES, how so: _____

- 4. Were you satisfied with the information and help you received from the Victim Advocate (Morgan)?
___ YES ___ Somewhat ___ No
- 5. Were you satisfied with the Prosecutor (Kristina Zeit) and with the Prosecutor's Office in your case?
___ YES ___ Somewhat ___ No
- 6. Do you feel the court process and your rights as the victim were adequately explained to you?
___ YES ___ Somewhat ___ No
- 7. Were you satisfied with the outcome of the case?
___ YES ___ Somewhat ___ No

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

- 9. Do you feel you were provided with enough information regarding resources/services available to you?
___ YES ___ NO

10. Would you like for the Victim Advocate to call you regarding any question you may have?
 If YES, please provide a contact number: _____

CLEAR FORM

PRINT FORM

SUBMIT FORM