

# CLIENT EXPERIENCE SURVEY

DELAWARE OFFICE OF DEFENSE SERVICES

## IS THIS SURVEY AVAILABLE ONLINE INSTEAD OF ON PAPER?

Yes! You can take the survey on your phone or computer at [ods.delaware.gov/feedback](https://ods.delaware.gov/feedback).

## WHO IS THIS SURVEY FOR?

This survey is for adults who are former clients of the Delaware Office of Defense Service. Other names that many people call this office are “public defender” and “ODS.”

This survey is for you if you can check all of the following boxes:

- I was represented by a Delaware public defender for my legal case.
- My public defender and I are not currently working on an appeal.
- All of my legal cases with public defenders are closed.
- I am currently age 18 or older.

If any of those statements do not apply to you, then we cannot accept your survey. Other ways to get in touch with us are at [ods.delaware.gov](https://ods.delaware.gov). If you are still unsure whether this survey is for you, please reach out to Dawn at [dawn.ippolito@delaware.gov](mailto:dawn.ippolito@delaware.gov) or 302-577-5095 to help you figure it out.

## WHERE DO I HAND IN THIS PAPER SURVEY?

When you are done taking the paper survey, you can take good photos of every page of your survey, including this page, and email them to us at [dawn.ippolito@delaware.gov](mailto:dawn.ippolito@delaware.gov).

Or you can mail your pages to us at this address:

Office of Defense Services  
Dawn Ippolito  
820 N French St  
Wilmington, Delaware 19801

## SURVEY AGREEMENT

The person taking this survey expressly acknowledges and agrees that no attorney-client relationship with the Delaware Office of Defense Services has been established by virtue of taking this survey.

- I agree.
- I do not agree, and I will not submit this survey.

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLIENT INFORMATION

SBI number \_\_\_\_\_ Date of birth \_\_\_\_\_ Zip code \_\_\_\_\_

Gender \_\_\_\_\_ Primary language \_\_\_\_\_  Veteran

Race and ethnicity (Select all that apply to you.)

- White
- Hispanic or Latino
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Other: \_\_\_\_\_

Current state custody or supervision status (Select one.)

- On probation
- On parole
- Incarcerated on a sentence
- Not in state custody or supervision
- Other: \_\_\_\_\_

Where are you taking this survey? (For example: home, public library, JTVCC, etc.) \_\_\_\_\_

May we contact you to follow up?  No  Yes, at this email/phone: \_\_\_\_\_

## CASES

Do your best to fill in your cases, but if you don't know some details or don't want to say, then it is okay to leave them blank.

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
<b>Case number</b>						
<b>Date of arrest</b>						
<b>Place of arrest</b> Examples: Home, Work, School, Going to work, My neighborhood, Friend's house						
<b>Address or cross streets of arrest</b>						
<b>Charges</b>						
<b>Strategy</b> Examples: Went to trial, Agreed to a plea, Charges were dropped before trial						
<b>Disposition</b> Examples: Found guilty, Found not guilty, Dismissed at trial, Dismissed on appeal						
<b>Convictions</b> List the charges you pleaded to or were found guilty on. If none, leave blank.						
<b>Sentence and length of time</b> If none, leave blank.						

**GENERAL EXPERIENCE**

PLEASE TELL US HOW MUCH YOU AGREE WITH EACH OF THESE STATEMENTS.

Choose **N/A** for "This does not apply to me," "I have no opinion," or "I do not know."

Choose **X** for "I do not want to answer this question."

	1	2	3	4	5	N/A	X
	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	No opinion   Do not know   N/A	I do not want to answer
My attorney treated me with respect and dignity.							
My attorney listened to me.							
My attorney adequately advised me of all my legal options.							
I trusted my attorney.							
I felt safe with my attorney representing me.							
My attorney was respectful of my culture, ethnicity, race, gender identity, sexual orientation, and age.							
My attorney was accommodating of my disability status.							
My attorney kept their word.							
In my relationship with my attorney, I could be open and honest.							
My attorney did a good job.							
A private attorney would have defended me better than my public defender.							

**LEGAL SERVICES**

PLEASE TELL US HOW MUCH YOU AGREE WITH EACH OF THESE STATEMENTS.

Choose **N/A** for "This does not apply to me," "I have no opinion," or "I do not know."

Choose **X** for "I do not want to answer this question."

	1	2	3	4	5	N/A	X
	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	No opinion   Do not know   N/A	I do not want to answer
The documents for my case were provided in a language that I understood.							
My attorney or an interpreter communicated with me in a language that I understood.							
I felt like my attorney had the necessary skills to defend me in court.							
My attorney fought for me.							
My attorney submitted things on time to the court.							
My attorney communicated with me in a timely manner.							
My attorney respected my input on which legal strategy to use.							
My attorney explained to me the legal strategy they used.							
I think the legal strategy my attorney used was in my best interest.							
My attorney thoroughly investigated the facts of my case.							
My attorney was prepared for all hearings, meetings, and court proceedings.							
My attorney pressured me to take a plea bargain.							
My attorney worked to help the state more than to help me.							

## ACCOUNTABILITY

PLEASE ANSWER THESE QUESTIONS.

*This section asks about complaints you may have made to your attorney or your attorney's supervisor. This section is not about complaints you may have filed with the Office of Disciplinary Counsel (ODC). Complaints filed with ODC are confidential.*

1. Did you have a complaint about your attorney?  Yes  No If "No," then skip to the next page.
2. Did you tell your attorney's supervisor about your complaint?  Yes  No If "No," then skip to question 8.
3. Did the supervisor follow up with you?  Yes  No

4. What was the outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you feel your complaint was handled correctly?  Yes  No If "Yes," then skip to the next page.

6. What expectation went unmet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What would you want to have happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After answering question 7, skip to the next page.

8. What were the reasons that you did not tell your attorney's supervisor about your complaint?

- I didn't know I could tell a supervisor.
- I didn't trust it would be properly addressed.
- More reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EXTERNAL FACTORS

PLEASE SELECT ALL STATEMENTS THAT APPLY TO YOU.

### AT THE TIME I WAS ARRESTED

- I was a primary caregiver for a child or family member.
- I was homeless.
- I did not have enough food or was stressed that I might not have enough food.
- I struggled with substance misuse or addiction.
- I had already been a victim of violence.
- I had a mental health condition.
- I had a physical health condition.
- I had an intellectual or developmental disability.
- I had a physical disability.
- I was not a U.S. citizen.

### DURING MY CASE

These made it difficult for me to help my attorney with my legal defense:

- My physical health     Transportation     Childcare     My job     Other: \_\_\_\_\_

I missed a court date for these reasons:

- Forgot                       Never knew or was confused about the date  
 My physical health     Transportation     Childcare     My job     Other: \_\_\_\_\_

The public defender's office helped me get these other services that were not part of my legal case:

- Mental health counseling     Substance abuse treatment     Housing     Other: \_\_\_\_\_

### AT ANY TIME

- I wish I had help getting these other services: \_\_\_\_\_

## WHILE I WAS INCARCERATED

IF YOU ARE OR WERE INCARCERATED AT ANY TIME, PLEASE RESPOND TO THESE PROMPTS.

I had access to the law library.                       Yes     No     Not sure

My legal mail arrived in a timely manner.                       Yes     No     Not sure

My legal mail was sealed and untampered with.                       Yes     No     Not sure

I tried to get my sentence reduced or modified through the 4217 Early Release Process.

- No     Yes, it succeeded     Yes, it is pending     Yes, it failed because: \_\_\_\_\_

## RIGHTS AND ACCESS

PLEASE SELECT ALL STATEMENTS THAT APPLY TO YOU.

My legal case (which includes arrests, charges, criminal record, incarceration, conditions of supervision, or being on a registry) created problems in these other parts of my life:

- Medical health     Mental health     Education     Child custody     Housing  
 Employment     Professional license     Other: \_\_\_\_\_

My employment when I was arrested:     Employed full time     Employed part time     Unemployed

My current employment:     Employed full time     Employed part time     Unemployed

Police racially profiled me.    → May we refer you to our partner the ACLU about this?     Yes

Police used excessive force on me.    → May we refer you to our partner the ACLU about this?     Yes

I was afforded a speedy trial.     Yes     No     Not sure     Doesn't apply to me

Explain any details you want to share about the above rights and access issues that you faced.

## COMMENTS

What did you like about how the public defender's office handled your case?

What did you not like about how the public defender's office handled your case?

Is there anything else you want to talk about that we did not cover? Please share.