

## COVER LETTER FOR VICTIM EVALUATION

Name  
Mailing Address  
City/State/Zip Code

Dear :

Juvenile Community Justice of Deschutes County is committed to helping crime victims, and providing quality services to people in our community who have been hurt by crime. We are grateful to you for participating in the juvenile justice process, as the involvement of crime victims is vital to promoting individual and community safety, as well as offender accountability.

We continually seek ways to improve our programs and services that help victims. As a client of Juvenile Community Justice, your input regarding how you were treated by our agency and staff is very important to us.

I hope you can take a few moments to complete the enclosed Client Evaluation Form. By rating our staff and services, and giving us ideas about how to improve our victim assistance services, you can help Deschutes County Juvenile Community Justice better serve crime victims in the future.

I am also interested in any additional comments or insights you think might benefit our agency. Please feel free to attach any documentation you feel is relevant to the Client Evaluation Form, and return it in the self-addressed stamped envelope.

If you have any additional needs or questions, or would like a referral for further assistance, please contact (name), (title) of our Victim Assistance Unit at (area code/telephone).

I appreciate your willingness to help Deschutes County Juvenile Justice evaluate and improve our programs and services for victims of crime, and look forward to receiving your Client Evaluation Form.

Sincerely,

DENNIS MALONEY

*The Victim Evaluation Package was developed in 2000 by  
Deschutes County Juvenile Justice, Bend, Oregon and  
Victim Advocate Anne Seymour, Justice Solutions, Washington, D.C.*

**DESCHUTES COUNTY JUVENILE JUSTICE  
CLIENT EVALUATION FORM (*FORMAL*)**

1. Did you receive written information about your rights as a victim or witness of crime in a timely manner?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Did you receive oral information (either in person or over the telephone) about your rights as a victim or witness of crime in a timely manner?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Did you receive:

Timely and adequate information about your rights to notification of the status of your case?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Timely notice of the status of court hearings?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Timely and adequate information about your right to restitution, and remedies available to you to encourage compliance with court-ordered restitution?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

The opportunity to give input that defined the harm that was caused by this offense, addressed how the offense affected you and your family, and requested appropriate restitution to compensate for any financial losses you incurred?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Information about resources and options available to you relevant to personal security and safety?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Did you receive information about our agency's programs and services that provide an opportunity for you to meet – on a voluntary basis – with your offender (such as mediation) to answer any questions you might have regarding your case, and have input into its outcome?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4a. If you answered "no", are you interested in pursuing such opportunities?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

5. Overall, how satisfied were you with the services you received from our agency?

*(Most negative)*

*(Most positive)*

1

2

3

4

5

6. How courteous were our staff members to whom you talked, or who provided you with information and/or assistance?

*(Most negative)*

*(Most positive)*

1

2

3

4

5

7. How well was our staff able to answer your questions and address your concerns?

*(Most negative)*

*(Most positive)*

1

2

3

4

5

8. Was our staff responsive to your specific needs?

*(Most negative)*

*(Most positive)*

1

2

3

4

5

9. Compared to other victim/witness service or assistance programs you may have had contact with, how would you rate our program?

*(Most negative)*

*(Most positive)*

1

2

3

4

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N/A

Additional Comments:

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Deschutes County Juvenile Justice has many volunteer opportunities available to community members that help us hold youthful offenders accountable and develop positive skills; provide quality services and assistance to victims; and contribute to our community's safety. If you are interested in more information about volunteer opportunities, please fill out the enclosed card and return it with this form.

***Thank you very much for taking time to complete this Client Evaluation Form. Please attach***

*any additional comments or documentation you believe might help us improve our programs and services.*

## **DESCHUTES COUNTY JUVENILE JUSTICE CLIENT EVALUATION FORM (INFORMAL)**

1. How would you rate your overall satisfaction with the Juvenile Community Justice staff?  
(Most negative) (Most positive)  
1                      2                      3                      4                      5

2. Were you treated respectfully and with consideration by the staff with whom you had contact at Juvenile Community Justice?  
 Yes     No

2a. Could you tell us more about your contact with our agency and staff?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was our staff knowledgeable regarding issues that were important to you?  
 Yes     No

2. What services did our staff provide to you?  
 Information     Education     Support     Referrals  
 Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

2. Were you provided with information about victim services available to you from our agency, as well as other programs in our community?  
 Yes     No

5a. If "yes", was this information helpful and easy to understand?  
 Yes     No

2. Were you informed about your rights as a victim of crime?  
 Yes     No

2. Did you receive timely notice of the status of court hearings related to your case?  
 Yes     No

2. Did you receive information about requesting restitution to help compensate for any financial losses you may have incurred, and to hold the youthful offender accountable?  
 Yes     No

8a. If "yes", was the restitution information helpful and easy to understand?  
 Yes     No

2. Did you have the opportunity to give input that defined the harm that was caused by this offense, addressed how the offense affected you and your family, and requested appropriate restitution to compensate for any financial losses you incurred?  
 Yes     No
  
2. If you had any safety concerns resulting from your victimization, did our agency offer you the opportunity to address them?  
 Yes     No     Not applicable
  
2. How would you rate your overall satisfaction with the Juvenile Community Justice staff?  

<i>(Most negative)</i>				<i>(Most positive)</i>
1	2	3	4	5

Additional Comments:

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