Johnson County Prosecutor's Office

Victim Assistance Survey

We need your help to evaluate our services to victims of crime in Johnson County. Please take a few minutes to answer the following questions about your contact with our office. All responses will be kept confidential. We appreciate your assistance as we try to improve the quality of services to victims of crime in our community.

1. My primary advocate's name was: ____Jason Ammerman
   ____Rhonda Nichols
   ____Lisa Vanek
   ____I am not sure

2. My advocate worked with me by (check all that apply)
   ____letter
   ____phone
   ____in person

3. The Victim Assistance Program staff treated me with dignity and respect. __Yes __No

4. The Victim Assistance staff answered my questions and addressed my concerns. __Yes __No

5. The information mailed to me by the Victim Assistance Program was helpful. __Yes __No

6. My advocate informed me about:
   a. The charges filed on my case __Yes __No
   b. How to receive court hearing notification on my case. __Yes __No
   c. The plea offer to resolve my case __Yes __No __NA
   d. The plea and sentencing hearings __Yes __No

7. As a result of the information I received from the Victim Assistance Program, I better understand:
   a. My rights as a victim of crime __Yes __No __NA
   b. What victims can expect from the criminal justice system __Yes __No __NA
   c. How to apply for restitution __Yes __No __NA
   d. The Violent Crime Victim Compensation Fund __Yes __No __NA
   e. How to access community resources that I may need __Yes __No __NA
   f. How to be notified of the Defendant's release from jail or prison __Yes __No __NA
   g. How to provide a Victim Impact __Yes __No __NA

8. My advocate provided me with sufficient information about my case. __Yes __No

9. I felt that I could call the advocate if I needed anything or had any questions. __Yes __No

10. My advocate was available to attend court hearings if I wanted someone to go with me.
    __Yes __No

11. Overall, I was satisfied with the services I received from the Victim Assistance Program.

__Yes __No

12. Please comment on how we could improve the Victim Services Program.

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Optional Information:

*Name:*_____

*Defendant Name:*_____

*Cause Number:*_____