



# Josephine County, Oregon

## OFFICE OF THE DISTRICT ATTORNEY

Ryan Mulkins, District Attorney  
Josephine County Courthouse  
500 NW 6<sup>th</sup> Street, Dept. 16  
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The Josephine County District Attorney's Office is dedicated to providing the highest quality prosecution services and is committed to helping victims of crime.

We thank you for your cooperation and participation in the criminal justice system. Your involvement is crucial to making the defendant accountable and to promoting individual and community safety.

We are always seeking to improve our services and are interested in your input regarding how our agency and staff treated you. Please take a few moments to complete the evaluation below. By answering these questions and giving us ideas about how to improve our program and services, you can help the Josephine County District Attorney's Office better serve crime victims in the future.

### VICTIM EVALUATION OF THE JOSEPHINE COUNTY DISTRICT ATTORNEY'S OFFICE

1. The Victim Assistance Program provided with me services that helped me make informed choices about my situation.

Strongly Agree\_\_\_\_ Agree\_\_\_\_ Disagree\_\_\_\_ Strongly Disagree\_\_\_\_ Neutral\_\_\_\_

2. As a result of the information I received from the Victim Assistance Program, I better understand my rights as a victim of crime.

Strongly Agree\_\_\_\_ Agree\_\_\_\_ Disagree\_\_\_\_ Strongly Disagree\_\_\_\_ Neutral\_\_\_\_

3. The information given to me by the Victim Assistance Program helped me better understand the criminal justice system process as it related to my case.

Strongly Agree\_\_\_\_ Agree\_\_\_\_ Disagree\_\_\_\_ Strongly Disagree\_\_\_\_ Neutral\_\_\_\_

4. Did you receive written or oral information about your rights as a victim of crime in Josephine County? Yes\_\_\_\_ No\_\_\_\_

5. Was the notification of your rights and available services timely and adequate?

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

6. Were our staff members courteous? Yes\_\_\_\_\_ No\_\_\_\_\_

7. Were our staff members responsive to your specific needs? Yes\_\_\_\_\_ No\_\_\_\_\_

8. Were our staff members able to answer your questions? Yes\_\_\_\_\_ No\_\_\_\_\_

9. I am satisfied with the way the District Attorney's Office handled my case.

Strongly Agree\_\_\_\_\_ Agree\_\_\_\_\_ Disagree\_\_\_\_\_ Strongly Disagree\_\_\_\_\_ Neutral\_\_\_\_\_

10. I am satisfied with the outcome of my case.

Strongly Agree\_\_\_\_\_ Agree\_\_\_\_\_ Disagree\_\_\_\_\_ Strongly Disagree\_\_\_\_\_ Neutral\_\_\_\_\_

11. Please advise us if some individual in the District Attorney's Office, or some program or process in the District Attorneys Office deserves a compliment.

12. Please advise us if some individual in the District Attorney's Office, or some program or process needs to change in some way to better serve victims.

Please return this form in the enclosed envelope. The Victim's Assistance Department supervisor will review all evaluations. **Your input is important.**

While not required, it will help us if you provide the following information:

\_\_\_\_\_  
Your Name (Optional)

\_\_\_\_\_  
Defendant's Name

Thank you so much for your thoughts. We hope you will not again be a crime victim.

Staff of the Josephine County District Attorney's Office