

Washington State Supreme Court  
Civil Legal Needs Study Update Committee

# 2014 Legal Needs Survey



A head of the household or the most knowledgeable about the household's financial or legal circumstances should complete the survey

**Please return your completed questionnaire to:  
Social & Economic Sciences Research Center  
Washington State University  
P.O. Box 641801  
Pullman, WA 99164-1801**

## Welcome to the 2014 Civil Legal Needs Survey!

**This survey is about civil (non-criminal) legal problems related to employment, housing, banking and credit, family matters, health care, and other important issues that affect individuals and families in Washington State.**

**The survey focuses on issues that affect certain Washington State residents and households, so only some people are being asked to complete the entire survey. It will take approximately three (3) minutes to learn whether you are eligible for the survey. Thank you for taking the time for this important project.**

**All information we collect is strictly confidential. We will not give it to anybody. And the findings will be presented in a way that prevents individuals from being identified. Your responses will be used for research purposes only to improve legal assistance for Washington residents.**

**We really need your help. You can respond to the survey in a number of ways:**

1. Complete the enclosed questionnaire and return it to us in the enclosed postage-paid envelope.
2. If you have access to the internet, complete the survey online. To do so, please log on to the following website:  
<http://www.opinion.wsu.edu/legalneeds/>
3. Take the survey over the phone. This will take about an hour. If this works for you, call us at 1-(800)-833-0867.

**If you have any questions, please contact Dr. Arina Gertseva, Study Director. She can be reached via email at [garina@wsu.edu](mailto:garina@wsu.edu) or by telephone at 1-(800)-833-0867.**

**Thank you in advance for your help. We appreciate it very much.**

**Sincerely,**

**Justice Charles Wiggins**  
Chair  
Washington Supreme Court

**Danna L. Moore, Ph.D.**  
Principal Researcher  
Social & Economic Sciences Research Center, WSU

## INTRODUCTION

- 1** **In the last 12 months, have you had any civil (not criminal) problems for which you thought you needed legal help?** *(For this survey, "you" refers to you and the members of your immediate household. Household means all persons living together in a unit and sharing income and expenses).*

- <sub>1</sub> Yes  
<sub>2</sub> No → Please continue to question **3**

- 2** **How much did these problems affect you or members of your household?**

- <sub>1</sub> Not at all  
<sub>2</sub> Slightly  
<sub>3</sub> Moderately  
<sub>4</sub> Very  
<sub>5</sub> Severely

- 3** **In the last 12 months, did you contact a lawyer, civil legal aid office or other person or organization for legal help?**

- <sub>1</sub> Yes  
<sub>2</sub> No → Please continue to question **5**

- 4** **If you were able to get legal help, how satisfied were you with the help you got?**

- <sub>1</sub> Not at all  
<sub>2</sub> Slightly  
<sub>3</sub> Moderately  
<sub>4</sub> Very  
<sub>5</sub> Completely  
<sub>6</sub> I could not get legal help

- 5** **Which ONE best describes your household telephone situation?**

- <sub>1</sub> Have landline telephones and no cell phone  
<sub>2</sub> Have cell phones and no landline telephone  
<sub>3</sub> Have both landline and cell phones  
<sub>4</sub> Have other telephone situation including telephone service through my computer  
<sub>5</sub> Have no telephones in the household at all

- 6** **Where do you access the internet?** *(Check all that apply)*

- <sub>1</sub> Never access the internet  
<sub>2</sub> Your or your family's computer  
<sub>3</sub> Your cell phone  
<sub>4</sub> The library  
<sub>5</sub> Other (*Specify*)

## SCREENING QUESTION

We are interested in the experiences of **low-income people** who have had problems with employment, housing, banking and credit, personal and family safety, economic security, and discrimination. To see whether you are **eligible** for the survey, we need to ask about your total annual household income.

- 7** How many people including yourself now live in your household, whether they are related to you or not? (Remember, for this survey, “household” refers to all persons living together in a unit and sharing income and expenses.)

Number of people

- 8** Please circle the number of people in your household and check the box that best matches your total annual household income. Then, based on your household income, determine whether you are **eligible** for the survey.

Is your total annual household income below or above this amount?			
Number of people in your household?	Low income threshold amount	Eligible ▼	Not eligible ▼
a. 1 person .....	\$23,340 .....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
b. 2 people.....	\$31,460 .....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
c. 3 people.....	\$39,580 .....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
d. 4 people.....	\$47,700 .....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
e. 5 people .....	\$55,820 .....	<input type="checkbox"/> <sub>1</sub> Below .....	<input type="checkbox"/> <sub>2</sub> Above
f. 6 people.....	\$63,940 .....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
g. 7 people .....	\$72,060 .....	<input type="checkbox"/> <sub>1</sub> Below .....	<input type="checkbox"/> <sub>2</sub> Above
h. 8 people.....	\$80,180.....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
i. 9 people.....	\$88,360.....	<input type="checkbox"/> <sub>1</sub> Below.....	<input type="checkbox"/> <sub>2</sub> Above
j. 10 people .....	\$96,540 .....	<input type="checkbox"/> <sub>1</sub> Below .....	<input type="checkbox"/> <sub>2</sub> Above

### ATTENTION!

*If you checked the box labeled “**Below**” for your household size, you are eligible for the survey. You will be paid **\$20.00** for your completed survey and entered into a lottery for one of the three **\$50.00** grocery certificates and one tablet. Now, go to page 3.*

*If you checked the box labeled “**Above**,” you are not eligible. Please go to Question 69 on page 26 and tell us about your background, and you will be entered into a lottery for one of the three **\$50.00** grocery certificates. Thank you for your time.*

## DISCRIMINATION AND UNFAIR TREATMENT

In this section we ask about whether you or someone in your immediate household has experienced discrimination or treatment that you felt was unfair or wrong. Discrimination can come up in employment, housing, health care, access to credit and financing, education, treatment by police and other law enforcement officials, and access to government assistance and services. It can also happen in trying to get services from government agencies and private businesses.

**9** **In the last 12 months, did you or a member of your immediate household experience discrimination, were refused services or treated unfairly because of:**

Reason for discrimination	Yes ▼	No ▼
a. Race or Color.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
b. National origin.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
c. Religion .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
d. Native American identity .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
e. Gender .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
f. Marital status .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
g. Because children live in your household .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
h. Sexual orientation .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
i. Age.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
j. Veteran or military status .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
k. Sensory, mental, or physical disability .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
l. Use of a trained guide dog or service animal.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
m. A prior juvenile or criminal record .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
n. Your credit history.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
o. Your immigration status or that of someone in your household.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
p. Your status as a victim of domestic violence or as a victim of sexual assault .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub>
q. Other reason(s) that involved discrimination or unfair treatment (Please list):		

## DISCRIMINATION AND UNFAIR TREATMENT

**10** If you said “Yes” to at least one item in question **9**, please check the box for each type of legal problem that you or a member of your immediate household experienced discrimination or unfair treatment with: *(Check all that apply)*.

- 1 Employment**  
*(including hiring, terms and conditions of employment or firing/termination)*
- 2 Rental Housing**  
*(including your ability to apply for rental housing, terms and conditions of a lease or termination of a lease or eviction)*
- 3 Home Ownership**  
*(including being denied an opportunity to purchase a home, steered from a particular neighborhood, or denied space in a manufactured (mobile) home park)*
- 4 Utility Services**  
*(including your ability to get and keep utility services such as water, sewer, electricity and gas service)*
- 5 Municipal Services and Land Use**  
*(including location of a business or other facility that poses a threat to health/safety)*
- 6 Law Enforcement and Policing**  
*(including being targeted for traffic stops or questioning or other activity that singles you or a member of your household out for unfair treatment)*
- 7 Consumer, Financial Services and Credit**  
*(including access to banking, lending, mortgage financing, consumer credit or other financial services)*
- 8 Health Care**  
*(including access to health, disability or mental health services)*
- 9 Access to Governmental Assistance**  
*(including eligibility for state or federal income, food, disability or other assistance from government programs)*
- 10 Education**  
*(including access to educational and special educational programs, services, or support or unfair treatment by a school, school officials, or other educational service providers)*
- 11 Access to Government-Sponsored Programs, Activities or Services**  
*(including summer recreational/educational programs, government-sponsored camps, parks programs, participation in city council or planning meetings)*
- 12 Private Business and Commercial Services**  
*(including access to or services offered by a private business)*
- 13 Had no discrimination - Please go to Question **12** on page 5**

## DISCRIMINATION AND UNFAIR TREATMENT

**11** Which area of discrimination or unfair treatment affected you the most?

**12** In the past 12 months, did you or a member of your immediate household try to get legal help to solve a problem related to discrimination or unfair treatment?

<sub>1</sub> Yes, tried to get legal help

<sub>2</sub> Tried, but could not get legal help. *Why Not?* →

<sub>3</sub> No, did not try to get legal help → Skip to question **15** on the next page

**13** Where did you go to try to get legal help? (Check all that apply.)

<sub>1</sub> Legal Aid

<sub>2</sub> CLEAR Hotline

<sub>3</sub> Paid private attorney

<sub>4</sub> Volunteer (unpaid) private attorney

<sub>5</sub> Social or human services organization

<sub>6</sub> Church, synagogue, mosque or other faith based organization

<sub>7</sub> Local, federal or state human rights or anti-discrimination agency

<sub>8</sub> Non-profit anti-discrimination organization

<sub>9</sub> Other (Please specify)

**14** To what extent were you able to solve the problem(s), if you got legal help?

<sub>1</sub> Not at all

<sub>2</sub> Somewhat

<sub>3</sub> Completely

<sub>4</sub> Did not get legal help



## EMPLOYMENT

In this section we ask about problems related to finding, getting and keeping a job.

**15** **In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...**

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were not hired or were fired for reasons unrelated to your qualifications or job performance? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. Your employer did not pay the wages you were due, did not pay for earned overtime, denied you benefits that you thought were part of your work arrangement or withheld money from your pay? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You asked and were denied accommodation for a disability or other medical condition that you needed to do your job? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were denied unemployment benefits or unemployment benefits were stopped before they were supposed to? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You were exposed to unsafe working conditions? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You were denied financial compensation or medical, mental health or vocational help for a job-related injury (Worker's Compensation/Labor & Industries)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had your driver's license suspended because you did not pay traffic fines or child support? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You had a professional license such as for child care, adult care, foster care, or care of vulnerable persons taken away or suspended? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**16** **To what extent did the problem(s) you identified impact your ability to get and keep stable employment?**

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know



## RENTAL HOUSING

In this section we ask about problems with renting a house, apartment or flat.

**17** **In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...**

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were evicted or threatened with eviction from an apartment or house you were renting <u>before the lease ended</u> ? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. You were denied assistance with rental housing for reasons other than that no funding or open units were available? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. You lived in rental housing that was unsafe? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. You were denied relocation assistance to move from an unsafe rental housing unit?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Your landlord retaliated against you when you stood up for your legal rights?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Your landlord denied you or a member of your household reasonable accommodations for a disability or other medical condition? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. You had a dispute with a landlord or public housing authority about rules, practices or the terms of a lease? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Your landlord or someone associated with the landlord destroyed or removed your property without your permission?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. You had difficulty getting a security deposit back? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Your landlord or someone associated with your landlord entered without your permission, demanded entrance with little or no warning, or violated your privacy in another way? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. You or a member of your household was sexually harassed by your landlord or someone associated with your landlord? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. You were denied access to a homeless shelter, transitional housing or other type of housing assistance?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. You were denied a rental unit because of prior juvenile or criminal system involvement?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## RENTAL HOUSING

**18** To what extent did the problem(s) you identified impact your ability to get and keep stable housing?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## MOBILE OR MANUFACTURED HOUSING

**19** In the past 12 months, did you or a member of your immediate household own, purchase or rent a manufactured (mobile) home in a mobile home park or trailer park?

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to question **22** on the next page

**20** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You had problems purchasing or owning a manufactured (mobile) home such as access to financing, warranties, or fees?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You had problems with manufactured (mobile) home park services, rules and practices?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You were evicted or required to relocate your home to another manufactured (mobile) home park? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. The manufactured (mobile) home park in which you were living closed? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**21** To what extent did the problem(s) you identified impact your ability or the ability of a household member to get and keep stable housing?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## UTILITIES AND MUNICIPAL SERVICES

In this section we ask about problems getting and keeping utility services such as water, sewer, electricity and gas service. We also ask about other services provided by local government.

**22** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You had difficulty getting or keeping utility services such as water, sewer, electricity and gas? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Your utilities were disconnected due to nonpayment or a dispute over billing? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. You experienced inadequate city or municipal services such as garbage collection or sewage treatment? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Your neighborhood was directly affected by the location of businesses or local government policies that present a risk to public health or safety? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. There was not enough law enforcement or police presence in your neighborhood? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Police or other law enforcement officials did not treat people fairly in your neighborhood?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**23** How did the problem(s) you identified impact your ability to get and keep utility services or protect the safety of your neighborhood?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

**REMINDER!**

*For this survey, “you” means you and the members of your immediate household. Household refers to all persons living together in a unit and sharing income and expenses.*

## CONSUMER, FINANCIAL SERVICES AND CREDIT

In this section we ask about problems getting credit, financing or with banking services. We also ask about debt collection and wage garnishment.

**24** **In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...**

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were the target of deceptive mortgage lending practices, including misleading terms or conditions of a loan or loan payment schedule?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You were unable to open a bank account or were denied mortgage financing or consumer credit for reasons other than your credit history and employment status (for example, because you had gone through bankruptcy or had prior involvement with the criminal or juvenile system)?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. The lender told you that you had to buy extra financial products in order to get a mortgage?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You had problems with terms for repayment or interest rates charged by payday lenders or other short-term lenders? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You were the target of other unfair or deceptive lending practices, including internet scams? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had problems with companies that offer debt reduction or “credit repair” services? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had problems restoring credit because of identity theft?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You were harassed by creditors or collection agencies, including being threatened with criminal prosecution or jail? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i. Your wages were garnished for unpaid bills, loans (including student loans), unpaid child support or traffic tickets?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
j. You had problems purchasing, financing or with repossession of a used car, (including problems with defects or warranties)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
k. You had problems related to legal financial obligations (LFO’s) or making restitution resulting from a criminal or juvenile case?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
l. You needed to file for bankruptcy?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

## CONSUMER, FINANCIAL SERVICES AND CREDIT

**25** To what degree did the problem(s) you identified **impact** you or a member of your immediate household?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

### ACCESS TO GOVERNMENT ASSISTANCE

In this section we ask questions about problems getting and keeping state or federal government assistance. Examples of state programs are: TANF/Work First, Housing and Essential Needs (HEN), Food Stamps (SNAP/EBT), Aged, Blind Disabled (ABD) and state-run disability and vocational assistance programs. Federal programs include Social Security Disability (SSDI), Supplemental Security Income (SSI) and Social Security Survivors Benefits.

**26** **In the last 12 months**, to what extent did you or a member of your immediate household experience a problem where you thought you needed **legal help** because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were not approved or you had your income, food, disability, housing or other state government assistance reduced or terminated? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You were denied or terminated from federal Supplemental Security Income (SSI)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You were denied or terminated from federal Social Security Disability (SSDI) or Social Security Survivors benefits? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were told you had to pay back an overpayment for SSI, SSDI or Social Security Survivors benefits? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You were denied crime victim compensation through the Department of Labor and Industries? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had trouble applying for or getting the federal Earned Income Tax Credit? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**27** To what degree did the problem(s) you identified **impact** you or your family's financial security, ability to maintain stable housing or quality of life?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## HEALTH CARE

In this section we ask about problems getting quality health care, including mental health services.

**28** **In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...**

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You or a member of your household was denied or dropped from Medicaid, Medicare or other government-funded health insurance?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. You could not get a health insurance policy from a private insurer listed with the Washington State Health Plan Finder (aka Obama Care)? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Your health insurance would not cover medically needed procedures, services, medical equipment, prescriptions, transportation services or mental health services? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. You were billed incorrectly for medical services, including co-pays and deductibles?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. You had problems with debt collection for costs of medical, mental health or other health care services (including emergency care)?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. You were not informed about financial assistance or that free care might be available from a hospital or in your home? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. You were denied or unfairly restricted in the amount of personal care services you could get? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. You were unable to get coverage for needed medical equipment such as a wheelchair, walker, other mobility device? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. You or members of your household were denied health care because of your immigration status or that of a member of your household?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. You were denied an interpreter or had to rely on a friend or family member to interpret for you in communicating with a health care provider? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. You had problems getting approved for, keeping continued coverage, or with the quality of care provided by a nursing home, group home or other long-term care facility?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**29** **To what degree did the problem(s) you identified impact your ability to take care of your own health or that of a member of your immediate household?**

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## FAMILY RELATED PROBLEMS

In this section we ask about family problems like domestic violence, divorce, child custody, child support and adoption.

**30** In the last 12 months, to what extent did you or anyone in your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were a victim of domestic violence or sexual assault?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You needed to file for a divorce or legal separation?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You had problems involving custody or getting a Parenting Plan for children, including custody or visitation rights of grandparents or other non-parents? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You had problems establishing, collecting, paying or changing a child support obligation? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You had problems due to non-payment of child support, including loss of a driver's license or garnishment of wages or money from a bank account? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had problems with adoption or guardianship of a child? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had problems with paternity of a child? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You had problems involving exploitation or abuse of a vulnerable adult? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**31** To what degree did the family and domestic problem(s) you identified impact you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know



## EDUCATION

In this section we ask about problems accessing educational programs and services for you or your children.

**32** At any time in the last 12 months, did you or any of your children attend school, including K-12, a community college, college or university?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **35** on the next page

**33** In the last 12 months, to what extent did you or anyone in your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You or any of your children were suspended or permanently removed from school? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You or any of your children were involved in a judicial truancy or other proceeding, were regularly absent from school or could not complete school for some other reason? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You feel that your school or the school your child (children) attend is unsafe or that students are not protected well from threats or bullying? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You or any of your children were denied access to appropriate special educational services or had problems getting or keeping an Individualized Education Plan (IEP)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You or any of your children were denied access to bilingual education or English Language Learner services? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You or your child (children) had to change schools because of multiple moves or periods of homelessness? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had problems with school notices not being provided in the language spoken at home? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**34** To what degree did the problem(s) with education impact your ability or that of your child (children) to get necessary educational services or participate in educational programs?

- <sub>1</sub> Not at all  
<sub>2</sub> Slight negative impact  
<sub>3</sub> Moderate negative impact  
<sub>4</sub> Severe negative impact  
<sub>5</sub> Do not know

## CHILD WELFARE AND FOSTER CARE

In this section we ask about problems experienced by parents, children, and foster parents involved in the child welfare and foster care systems.

**35** **At any time in the last 12 months** were you or a member of your immediate household involved in a court hearing involving the dependency of a child or the termination of a parent's legal rights?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **39** on the next page

**36** **In what capacity were you involved in the proceeding?**

- <sub>1</sub> Parent  
<sub>2</sub> Child  
<sub>3</sub> Foster Parent  
<sub>4</sub> Other (*Please specify*)

**37** **In the last 12 months**, to what extent did you or a member of your immediate household experience a problem where you thought you might need legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were investigated by Child Protective Services (CPS)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. CPS tried to get you to give up your parental rights or give custody of your child or children to someone else? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You had problems with licensing, support services or financial assistance associated in serving as a foster parent? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You had problems with the quality of care, support or services you received in foster care? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You or your children were unable to visit siblings (brothers/sisters) while in foster care? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You were moved from one school to another or were unable to finish school because of multiple foster care placements? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You were given psychotropic medications to manage your behavior? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You aged out of foster care and did not have an adequate plan for housing and other support you needed? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i. You could not get extended foster care services when you turned 18? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

## CHILD WELFARE AND FOSTER CARE

**38** To what degree did the problem(s) with child welfare and foster care impact you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## ESTATE PLANNING, GUARDIANSHIP AND RELATED ISSUES

In this section we ask about problems involving wills, probate, estate planning, guardianship or related issues.

**39** In the last 12 months, to what extent did you or anyone in your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You needed help making or changing a will, developing an estate plan or setting up a trust or power of attorney? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You needed help with an inheritance problem? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You needed help with probate or administering an estate, trust or will? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You needed help with guardianship issues for yourself or a family member? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**40** To what degree did the estate planning problem(s) impact you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## ISSUES AFFECTING IMMIGRANTS

In this section we ask about problems people born outside of the United States might have.

**41** Were you or anyone in your immediate household born outside the U.S.?

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to question **44** on the next page

**42** **In the last 12 months**, to what extent did you or a member of your immediate household experience a problem where you thought you needed **legal help** because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You had problems with immigration status, including gaining citizenship or getting legal authorization to live or work in the U.S., including qualifying for DACA status, bringing in a family member, getting political asylum or stopping your removal or removal of a member of your household? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You experienced housing, employment or other problems because a family member was detained or removed? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You experienced job-related harassment or exploitation based on your immigration status or that of someone in your household? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were denied housing, employment, credit, health or other services due to your or a household member's immigration status? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You were forced to work for someone without your consent where you had no freedom to refuse (including in the commercial sex industry)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had problems with a notario or other person not authorized to give immigration advice or practice immigration law? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You were denied access to an attorney or an interpreter while you were involved in a removal proceeding? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You asked for but were not given an attorney to represent you in a removal proceeding? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i. You or a member of your household experienced problems relating to someone being detained at the NW Detention Center in Tacoma? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**43** To what degree did the problem(s) with immigration status **impact** you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## ISSUES RELATED TO NATIVE AMERICAN STATUS OR IDENTITY

These questions apply to people who identify as American Indian or Native American.

**44** Do you or anyone in your immediate household identify as an American Indian or Native American (including Alaska Native or Native Hawai’ian)?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **47** on the next page

**45** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you might need legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were denied services from the Bureau of Indian Affairs or the Indian Health Service?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You were denied services or support from your tribe or community-based organizations that provide services to American Indians and Native Americans?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You were denied a job, fired, discriminated against, or treated unfairly in your job with an Indian tribe or tribally owned business? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were denied or evicted from tribal housing or a homeownership program?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. Your civil rights were violated by a tribal government agency? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had problems with estate planning, wills or protecting trust property through inheritance?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had problems protecting Indian trust money, per capita payments, settlement payments or proceeds, trust land or Indian allotments from creditors? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You were involved in a civil (not criminal) legal case in tribal court where you believed the court did not have jurisdiction over you or the problem? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i. You were involved in a civil (not criminal) case in tribal court where you were unable to be represented by an attorney? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
j. You were involved in a legal case in state or tribal court where the placement or adoption of an Indian child or children was at issue? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

## ISSUES RELATED TO NATIVE AMERICAN STATUS OR IDENTITY

**46** To what degree did the issues related to your Indian or Native American status or identity **impact** you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## ISSUES AFFECTING MILITARY SERVICE MEMBERS AND VETERANS

**In this section we ask about problems experienced by military service members, veterans and their families.**

**47** Have you or anyone in your immediate household served in the military?

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to question **50** on the next page

**48** **In the last 12 months**, to what extent did you or anyone in your immediate household experience a problem where you thought you needed **legal help** because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You had problems with your military service, including reentering a former job after discharge or return from deployment? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You experienced problems with your discharge status or the stated reason for your separation from the military? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You were denied Veterans Administration (VA) disability, housing, educational, job training or other service-related benefits? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were denied or unable to get access to medical care for service-related physical or mental health conditions when you needed it? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**49** To what degree did the problem(s) related to military service or being a veteran **impact** you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

## ISSUES AFFECTING PERSONS WITH DISABILITIES

In this section we ask about problems experienced by individuals with disabilities.

**50** Do you or does anyone in your immediate household have a physical, mental health, sensory (vision, hearing, etc.), or developmental disability?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **53** on the next page

**51** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were denied or had your state or federal disability benefits or services reduced, or terminated? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You were denied or were limited in your access to city, county, state or other government programs, activities or services because no reasonable accommodation was made that would have made it possible for you to participate? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You were denied access or limited in your ability to obtain services from a store, restaurant, theater, or other business open to the public, because of a disability or because you were denied reasonable accommodation that would have made it possible to access the establishment? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You had a guardian or representative payee who you believe has mishandled your Social Security, SSI, settlement trust or other income or benefits? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. A court ordered you to have a guardian you do not want, or you have a guardian who treats you unfairly or abuses you? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You live in a mental health or long term care facility, but would prefer to live at home or in some other community setting? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**52** To what degree did the problem(s) you identified with disabilities impact you?

- <sub>1</sub> Not at all  
<sub>2</sub> Slight negative impact  
<sub>3</sub> Moderate negative impact  
<sub>4</sub> Severe negative impact  
<sub>5</sub> Do not know



## ISSUES AFFECTING YOUTH AND YOUNG ADULTS (AGE 15-21)

In this section we ask questions about problems experienced by young people between the ages of 15-21.

**53** In the last 12 months, were you between 15 and 21 years old?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **56** on the next page

**54** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You were denied access to housing, financial assistance, medical or mental health care, or educational services or support because of your age?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You experienced problems getting housing, a job, credit, or educational services, because of current or past involvement in the juvenile justice system? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. You had problems because of your involvement in the child welfare or foster care system, including getting extended time in foster care or transitioning out of the system?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You experienced discrimination or unfair treatment by police or other law enforcement? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You experienced problems with safety or security, including sexual assault or being forced to work without your consent where you had no freedom to refuse, including in the commercial sex industry?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. If you were under 18, you had problems establishing your right to parent your child? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**55** To what degree did the problem(s) you identified impact you?

- <sub>1</sub> Not at all  
<sub>2</sub> Slight negative impact  
<sub>3</sub> Moderate negative impact  
<sub>4</sub> Severe negative impact  
<sub>5</sub> Do not know

## ISSUES AFFECTING PERSONS IN JUVENILE AND ADULT CORRECTIONS FACILITIES

In this section we ask about problems experienced by people confined in a juvenile, adult correctional, or immigration detention facility.

**56** In the last 12 months, were you or a member of your immediate household confined in a juvenile, adult correctional facility or an immigration detention facility?

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to question **59** on the next page

**57** In the last 12 months, to what extent did you or a member of your immediate household experience a problem where you thought you needed legal help because...

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. You had a problem getting adequate medical and or mental health treatment? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. You had a problem getting access to quality educational services, including special educational services? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. While in juvenile detention, jail, prison or immigration detention, you were sexually harassed, assaulted, raped or your personal safety was threatened (including threats because of sexual orientation or identity)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You experienced improper or discriminatory discipline, including solitary confinement? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You had problems getting legal help, legal materials and resources, or were not allowed to present information to a court? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had problems with visitation or communicating with friends and family members? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You experienced problems planning for reentry and support after release from juvenile detention, jail, or prison (including issues relating to education, employment, health care and housing)? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. You were denied an interpreter? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**58** To what degree did the problem(s) you identified impact you?

- <sub>1</sub> Not at all
- <sub>2</sub> Slight negative impact
- <sub>3</sub> Moderate negative impact
- <sub>4</sub> Severe negative impact
- <sub>5</sub> Do not know

**ISSUES AFFECTING ACCESS TO STATE, TRIBAL OR FEDERAL COURTS AND ADMINISTRATIVE HEARINGS**

**59** **In the last 12 months, were you or a member of your immediate household involved in a state, tribal or federal court or a state or federal administrative agency proceeding?**

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to question **62** on the next page

**60** **To what extent did you or a member of your immediate household have problems in state, tribal or federal court or an administrative hearing because...**

	Not a Problem ▼	Minor Problem ▼	Major Problem ▼
a. The court did not waive court fees and charges?.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. The court or administrative hearing officer did not appoint a spoken or sign language interpreter to help you? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. The court or administrative hearing officer would not make reasonable accommodation for a disability (such as a change in schedule, location, appointment of an attorney) you needed in order to effectively participate in the trial or hearing? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. You were not allowed to have an attorney to represent you? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. You could not understand the court or hearing rules and procedures, and how they applied to your case? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. You had other problems that limited your ability to effectively participate in the court or administrative hearing? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. You had problems getting access to required court forms, papers or instructions? .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**61** **To what degree did the problem(s) limit your ability to present your case or otherwise participate in the court or administrative hearing?**

- <sub>1</sub> Not at all
- <sub>2</sub> Slightly
- <sub>3</sub> Mostly
- <sub>4</sub> Completely
- <sub>5</sub> Do not know

## ACCESS TO AND IMPACT OF CIVIL LEGAL ASSISTANCE

In this section we ask about actions you or someone in your immediate household might have taken to get legal help to solve one or more of the problems you identified. Please think about all of the problems already discussed and answer the following questions:

**62** **In the past 12 months**, did you or a member of your immediate household try to get **legal help** to solve one or more of the problems you identified earlier in the survey?

- <sub>1</sub> Yes
- <sub>2</sub> Sought help, but could not get it. *Why Not?*

- <sub>3</sub> No → Skip to question **66** on the next page

**63** For which of the problems you experienced did you try to get legal help? (Think about the questions we asked in each of these categories, and check all that apply.)

- |  |
|--|
| <input type="checkbox"/> <sub>1</sub> Employment   |
| <input type="checkbox"/> <sub>2</sub> Housing, Including Rental and Homeownership                                |
| <input type="checkbox"/> <sub>3</sub> Utility and Municipal Services   |
| <input type="checkbox"/> <sub>4</sub> Law Enforcement and Policing   |
| <input type="checkbox"/> <sub>5</sub> Consumer, Financial Services and Credit                                    |
| <input type="checkbox"/> <sub>6</sub> Health Care  |
| <input type="checkbox"/> <sub>7</sub> Family and Domestic Issues   |
| <input type="checkbox"/> <sub>8</sub> Access to Government Assistance  |
| <input type="checkbox"/> <sub>9</sub> Education  |
| <input type="checkbox"/> <sub>10</sub> Child Welfare and Foster Care   |
| <input type="checkbox"/> <sub>11</sub> Estate Planning, Wills and Probate  |
| <input type="checkbox"/> <sub>12</sub> Immigration-Related Issues  |
| <input type="checkbox"/> <sub>13</sub> Issues Related to Native American Status or Identity                      |
| <input type="checkbox"/> <sub>14</sub> Issues Related to Military Service or Veteran Status                      |
| <input type="checkbox"/> <sub>15</sub> Issues Related to Persons with Disabilities                               |
| <input type="checkbox"/> <sub>16</sub> Issues Related to Youth or Young Adults                                   |
| <input type="checkbox"/> <sub>17</sub> Issues Related to Confinement in a Juvenile or Adult Corrections Facility |

**64** Where did you go to get legal help? (Check all that apply.)

- <sub>1</sub> Legal Aid
- <sub>2</sub> CLEAR Hotline
- <sub>3</sub> Paid private attorney
- <sub>4</sub> Lay (non-attorney) representative
- <sub>5</sub> Volunteer (unpaid) private attorney
- <sub>6</sub> Notario or notary public
- <sub>7</sub> Social or human services organization
- <sub>8</sub> Specialized legal advocacy organization (NWIRP, ACLU, Legal Voice, etc.)
- <sub>9</sub> Disability services provider
- <sub>10</sub> Government human rights agency
- <sub>11</sub> Attorney General's office
- <sub>12</sub> Church, synagogue, mosque or other faith-based organization
- <sub>13</sub> Other state, federal or local government agency
- <sub>14</sub> Other (Please specify)

**65** To what extent were you able to solve the problem(s) for which you tried to get legal help?

- <sub>1</sub> Not at all
- <sub>2</sub> Somewhat
- <sub>3</sub> Completely
- <sub>4</sub> Did not get legal help

**66** To what extent do you think that people like you have the ability to use the courts to protect yourself and your family or enforce your legal rights?

- <sub>1</sub> Not at all
- <sub>2</sub> Rarely
- <sub>3</sub> Some of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time
- <sub>6</sub> Do not know

## ACCESS TO AND IMPACT OF CIVIL LEGAL ASSISTANCE

**67** To what extent do you think people like you are treated fairly in the civil justice system?

- <sub>1</sub> Not at all
- <sub>2</sub> Rarely
- <sub>3</sub> Some of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time
- <sub>6</sub> Do not know

**68** To what extent do you think the civil legal system can help people like you solve important problems such as those you identified in this survey?

- <sub>1</sub> Not at all
- <sub>2</sub> Rarely
- <sub>3</sub> Some of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time
- <sub>6</sub> Do not know

## TELL US ABOUT YOURSELF

**69** Please tell us the racial or ethnic background that best describes you. *(Check all that apply.)*

- <sub>1</sub> White or Caucasian
- <sub>2</sub> Black/African American
- <sub>3</sub> Hispanic/Latino
- <sub>4</sub> Asian
- <sub>5</sub> Pacific Islander
- <sub>6</sub> Native American/Indian, Alaska Native or Native Hawai'ian
- <sub>7</sub> Mixed Race
- <sub>8</sub> Other *(Please specify)*

**70** What is your age?

- <sub>1</sub> 0-17
- <sub>2</sub> 18-24
- <sub>3</sub> 25-39
- <sub>4</sub> 40-64
- <sub>5</sub> 65+

**71** What is your gender?

- <sub>1</sub> Male
- <sub>2</sub> Female
- <sub>3</sub> Transgender
- <sub>4</sub> Other

## TELL US ABOUT YOURSELF

**72** What is your citizenship?

- <sub>1</sub> United States citizen
- <sub>2</sub> U.S. permanent resident, but not a U.S. citizen
- <sub>3</sub> Citizen of another country
- <sub>4</sub> Other (*Please specify*)

**73** Which of the following statements best describes you?

- <sub>1</sub> Married
- <sub>2</sub> Not married, but live and share household expenses with another
- <sub>5</sub> Single and live alone
- <sub>6</sub> Other (*Please specify*)

**74** How many children are there in your household under the age of 18?

- <sub>1</sub> 0
- <sub>2</sub> 1
- <sub>3</sub> 2
- <sub>4</sub> 3
- <sub>5</sub> 4 or more

**75** Do you currently care for one or more dependent persons, who are elderly, disabled, or chronically ill?

- <sub>1</sub> Yes
- <sub>2</sub> No

**76** Which statement most clearly describes your employment situation?

- <sub>1</sub> Not employed
- <sub>2</sub> Employed full-time
- <sub>3</sub> Employed part-time
- <sub>4</sub> Self-employed

**77** Are you currently homeless?

- <sub>1</sub> Yes
- <sub>2</sub> No

### CONGRATULATIONS!

*You have finished the survey. Thank you so much!*

*Please return your completed questionnaire in the enclosed envelope.*

*You will be sent \$20 and entered into the lottery for one of three \$50.00 grocery certificates and one tablet computer as soon as we receive your completed survey.*



**IF YOU HAVE ADDITIONAL COMMENTS OR THOUGHTS YOU WOULD LIKE TO SHARE, PLEASE WRITE THEM IN THE BOX BELOW.**

We would like to **THANK YOU** for your response.

We sincerely appreciate the time you took to complete the questionnaire. Your response will be combined with those of others to produce a summary report of the survey findings. You will be sent **\$20** entered into the lottery for one of three **\$50.00** grocery certificates and one tablet computer as soon as we receive your completed survey.

If you have any questions or would like to learn more, please contact:

**Arina Gertseva,  
Study Coordinator  
Social & Economic Science Research Center (SESRC)  
Washington State University  
garina@wsu.edu  
1(800) 833-0867**

## WHERE TO GO FOR LEGAL HELP WITH THE TYPES OF PROBLEMS DISCUSSED IN THIS QUESTIONNAIRE

### **If You Are Low-Income, and Do Not Live in King County**

Call **CLEAR** (toll free) 1-888-201-1014 for legal assistance, advice, information and, if you need more extensive legal services, a referral to a local legal aid provider. CLEAR operates from 9:15 to 12:25 Monday through Friday. Interpreters will be provided as needed at no cost to callers.

Please understand that CLEAR is a high volume legal aid service and often experiences extended wait times. For more information about CLEAR, go to: <http://www.nwjustice.org/get-legal-help>.

You may also go to CLEAR\* Online at: <http://nwjustice.org/clear-online>.

### **If You Are Low-income, and Live in King County**

Call **211** for information and referral to an appropriate legal services provider Monday through Friday from 8:00 am – 6:00 pm. You may also call (206) 461-3200, or the toll-free number, which may be useful when calling from a pay phone, 1-877-211-9274. King County 211 provides interpreters as needed at no cost to callers. Deaf and hearing-impaired callers can call 1-800-833-6384 or 711 to be connected to a relay operator at no cost, who will then connect them with 211.

### **If You Are a Senior Over 60**

Call **CLEAR\*Sr** (toll free) at 1-888-387-7111 (available statewide *regardless of income*).

### **Self-Help Information, Court Forms and Brochures**

If you are looking for basic information about the law, legal problems and self-help solutions on a variety of topics, go to [www.WashingtonLawHelp.org](http://www.WashingtonLawHelp.org). Here you can find hundreds of up-to-date pamphlets and materials on many issues that affect low-income people. These are arranged by category of legal problems and are available in languages other than English, including Arabic, Cambodian, Chinese, Spanish, Hmong, Japanese, Khmer, Korean, Laotian, Russian, Somali and Vietnamese. For additional information about legal rights and legal resources, go to [www.wajusticenet.org](http://www.wajusticenet.org).