**All questions on this form are optional. Only answer the questions you feel comfortable answering. Be advised that Children’s Representation Program (CRP) staff will discuss complaints filed against contract attorneys directly with the attorney. If you would like to make this complaint anonymously, CRP staff will not include your name and will attempt to remove identifiable details from the discussion.**

**Children’s Representation Attorney Feedback Form**

1. Your Name: Click here to enter text.
2. Contact information (this will be viewed by the CRP program staff and used for follow up if more questions arise).

Click here to enter text.

1. How are you involved in this case?

Foster Youth (a different form is used for complaint of youth)

Caseworker

CASA/GAL

Biological parent

Caregiver

Other Click here to enter text.

1. County: Click here to enter text.
2. Name of Attorney: Click here to enter text.
3. Age of the child in question: Click here to enter text.
4. How long as the attorney been assigned to represent this child?

Click here to enter text.

1. How many times have you had contact with this attorney? Click here to enter text.
   1. Where did this contact occur? Click here to enter text.
   2. Did you share your concerns with the attorney? Click here to enter text.
2. Have you observed this attorney in court?  Yes  No

If yes, please describe your observations and note any concerns.

Click here to enter text.

1. If you had any concerns with this attorney, did you discuss your concerns with the attorney?

Yes  No

* 1. If yes, what was the attorney’s response?

Click here to enter text.

* 1. If no, was there a reason that you were not comfortable approaching the attorney?

Click here to enter text.

11. Did you personally observe this attorney interact with the child/client?  Yes  No   
  
If yes, please describe your observations.

Click here to enter text.

1. What other observations can you share regarding this attorney?

Click here to enter text.