

Thank you for using the VictimLaw Legislative Database. In order to help us enhance this Web site and better serve the field, we are reaching out to you to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place. Your participation is completely voluntary. If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

1. How did you find out about the VictimLaw Web site?

- Via an exhibit or presentation at a conference
- Via the OVC TTAC call center
- Via a link from another Web site/searching the Internet
- Via a colleague or friend
- Via a professor
- Via a publication or newsletter
- Via my OVC program monitor or other OVC staff person
- Other (please specify): \_\_\_\_\_

2. Approximately how many times have you used/visited this site?

- This is my first time
- Daily
- Weekly
- Monthly
- A few times per year

**Please indicate the extent to which you agree or disagree with the following statements.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
3. It is easy to find the information I need on this site.	1	2	3	4	5	NA
4. It is easy to navigate the site.	1	2	3	4	5	NA
5. I was familiar with VictimLaw before today's visit.	1	2	3	4	5	NA
6. The information on this site met my goals.	1	2	3	4	5	NA
7. I am satisfied with the content of the site.	1	2	3	4	5	NA
8. I am satisfied with the appearance of the site.	1	2	3	4	5	NA
9. I will return to this site for my victim legislative information needs.	1	2	3	4	5	NA
10. I am likely to recommend this site to someone else.	1	2	3	4	5	NA

11. Were you **unable** to find any information you were searching for?

- Yes
- No

If Yes, what information? \_\_\_\_\_

12. Did the four options to search for information (*Topical Search, Term Search, Contents Search, Citation Search*) meet your needs?

- Yes
- No

If not, why not? \_\_\_\_\_

13. How will you use the information you obtained at this site? **(Mark all that apply.)**

*Paperwork Reduction Act Notice*

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC Evaluation Team at [TTACEval@icfi.com](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.

Assist a client  
Personal use or to assist a friend/family member  
Learn more about victims' issues in general  
Improve victim services program

Training, Presentation, or Speech  
Policy development or reform  
Other(s) (please specify):  
\_\_\_\_\_

14. What aspects of the Web site were most helpful and why?

\_\_\_\_\_  
\_\_\_\_\_

15. What could be done differently to improve the Web site?

\_\_\_\_\_  
\_\_\_\_\_

16. Do you have any other comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_

17. Which of the following **best** describes your background? **(Mark all that apply.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Victim or family/friend of victim | <input type="checkbox"/> Juvenile Justice/Youth Services | <input type="checkbox"/> Legislation/Polycymaking         |
| <input type="checkbox"/> Community-Based/Grassroots        | <input type="checkbox"/> Education                       | <input type="checkbox"/> Military                         |
| <input type="checkbox"/> Law Enforcement                   | <input type="checkbox"/> Faith-Based                     | <input type="checkbox"/> Research                         |
| <input type="checkbox"/> Prosecution                       | <input type="checkbox"/> Health Services                 | <input type="checkbox"/> Media                            |
| <input type="checkbox"/> Judge or Court Staff              | <input type="checkbox"/> Mental Health Services          | <input type="checkbox"/> Student                          |
| <input type="checkbox"/> Corrections                       | <input type="checkbox"/> Human/Social Services           | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Legal Services                    |  |   |

18. Which types of victim services do **you** provide for crime victims in your current position? **(Mark all that apply.)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System Advocacy/Assistance | <input type="checkbox"/> Notification                     |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Medical Assistance                          | <input type="checkbox"/> Shelter                          |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> 24-Hour Hotline                             | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Information/Referral                        | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Crisis Intervention              |  |   |

19. Which of the following **best** describes the number of years of experience you have in your field of work? **(Mark one.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 to 10 years      |
| <input type="checkbox"/> 3 to 5 years      | <input type="checkbox"/> More than 10 years |

20. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Management/Administrative Staff  | <input type="checkbox"/> Volunteer          |   |

21. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> National   | <input type="checkbox"/> Local   |
| <input type="checkbox"/> State  | <input type="checkbox"/> Urban   |
| <input type="checkbox"/> Tribal   | <input type="checkbox"/> Rural   |
| <input checked="" type="checkbox"/> International, list country:<br>_____ | <input type="checkbox"/> Suburban  |
|   | <input checked="" type="checkbox"/> Culturally specific population(s): _____ |

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22. What is your zip code? \_\_\_\_\_

**Thank you for completing our Feedback Form. We value your input!**