COMMUNITY JUSTICE ADVISORY NETWORK (CJAN) MEETING

Form Approved: Exp. Date: Form:



TODAY'S DATE: _____

needed enhad Your comple penalties. You	ncements in f tion of this su our responses	uture CJAN m urvey is entire are important	eetings, we res ly voluntary. R	pectfully reques efusing to comp nd will be treated	AN meeting. In order to help us make t that you complete the following survey. lete this survey will not result in any d as confidential. Your responses will
Once you ha Thank you.	ve completed	filling out the	survey, please	place face dowr	in the designated drop near the exit door.
Please, indi	cate how mu	ch you agree	with the follow	ing statements	s. Circle your answer.
1. The purpos	se of the CJAI	N meeting was	clearly introduc	ed by facilitators	at the start of the meeting.
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The inform	ation covered	in this CJAN	meeting will be	useful to you.	
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		that best descr ndicates the low		quality of the CJ	AN meeting. Note that (5) indicates the
	5	4	3	2	1
4. What sugg	estions do yo	ou have for imp	proving future (CJAN meetings?	
5. What topic	s would you l	ike added to fu	ture CJAN meet	ings surrounding	g criminal justice issues?

Public reporting burden for this collection of information is estimated to be 4 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

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