



U.S. Department of Justice Bureau of Justice Statistics
(NORC acting as data collection agent)



2023 Census of Public Defender Offices

Attachment A

Name: _____

Title: _____

Name of office: _____

Direct email: _____

Direct phone: _____

Instructions

The 2023 Census of Public Defender Offices (CPDO) is a census of all publicly funded public defender offices with at least one (1) W-2 earning attorney that provides direct public defense representation for adults and/or juveniles who are accused of a crime or delinquency or accused in a trial court of violating conditions of a sentence. Data collected on this form will provide needed information to state and local governments, practitioners, and other stakeholders. The Bureau of Justice Statistics (BJS) greatly appreciates your assistance.

1. There are multiple ways to complete and submit this survey. Please select the method most suitable for you:
 - a. Complete the survey by highlighting your answers in Adobe, if you are able to, save and email back to CPDO@norc.org.
 - b. Print out the survey, complete by hand, scan and return to CPDO@norc.org via email.
 - c. Complete the hard copy of the survey that will arrive at your office in the next week and return either via scanning and emailing to CPDO@norc.org or through the provided self-addressed stamped envelope.
2. When completing the survey, please take notes separately or on page 11 to provide feedback on questions that:
 - a. are unclear
 - b. require input from multiple staff in order to provide a response to
 - c. are a high time burden
3. Please answer all questions with reference to the public defender office specified above.
4. Answer the questions as accurately as possible given the organization and structure of your office. Estimates are allowed. If any question is overly burdensome, you may skip the question and provide your best estimate as to how long it would take to answer it.

Once the project team has received your response, we will reach out via email to schedule your cognitive interview. If you have questions or need assistance in completing the survey, please contact the CPDO team via email at CPDO@norc.org.

Burden Statement

This collection is authorized under 34 U.S.C. § 10132. Your participation is voluntary. BJS will use the information only for statistical purposes [34 U.S.C. § 10134]. BJS will protect personally identifiable information consistent with the confidentiality requirements in 34 U.S.C. § 10231 and 28 CFR Part 22. See the BJS Data Protection Guidelines.

This collection has been approved by the Office of Management and Budget (OMB Number: XXXX-XXXX). If this number were not displayed, we could not conduct this survey. Your voluntary participation in this survey is important, however, you may decline to answer any or all questions. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

You can contact the Bureau of Justice Statistics with questions or feedback at askbjs@usdoj.gov; by phone at 202-307-0765; or by mail: Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531.

Screener Questions

Time of day starting survey: _____

The first series of questions will confirm your office's eligibility for the census. (Mark (X) only one choice per row.)

- | | Yes | No |
|--|--------------------------|--------------------------|
| S1. Is your office supported, either partially or fully, by public funds? (Funding that comes from federal, state or local government, often collected through taxes and used toward public goods and services.) | <input type="checkbox"/> | <input type="checkbox"/> |
| S2. Does your office have at least one W-2 earning attorney? (A W-2 earning attorney is an attorney who is formally employed by a company or organization and who receives a W-2 tax form each year to report their income and taxes withheld.) | <input type="checkbox"/> | <input type="checkbox"/> |
| S3. Does your office provide public defense representation for adult or juvenile clients who are accused of a crime or delinquency, or accused in a trial court of violating conditions of a sentence? | <input type="checkbox"/> | <input type="checkbox"/> |
| S4. Does your office have a dedicated physical space? (A place that some or all staff may use for work.) | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'No' to any S1 – S4, please stop here. Your office does not meet our eligibility criteria for this census, but we thank you for your time. If you have any questions about eligibility, or believe you were screened out in error, please contact cpdo@norc.org or 1-866-582-4052.

If all your answers to S1 - S4 were 'Yes' please continue the survey.

- | | Yes | No |
|--|--------------------------|--------------------------|
| S5. Is your office a for-profit private law firm? | <input type="checkbox"/> | <input type="checkbox"/> |
| S6. Does your office provide representation solely using an assigned counsel system? (An assigned counsel system provides representation using private attorneys who are not employed by the office, except possibly as contractors.) | <input type="checkbox"/> | <input type="checkbox"/> |
| S7. Is your office a tribal defender? (A tribal defender provides representation only to defendants in tribal justice systems.) | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'Yes' to any S5 – S7, please stop here. Your office does not meet our eligibility criteria for this census, but we thank you for your time. If you have any questions about eligibility, or believe you were screened out in error, please contact cpdo@norc.org or 1-866-582-4052.

If all your answers to S5 – S7 were 'No' please continue the survey.

Section A. General Information

A1. What is the geographic jurisdiction served by your public defender office?

- 1 An entire state
- 2 Multiple counties, an entire judicial district or circuit larger than a single county

If your public defender office serves multiple counties, what are the names of the counties served?

- 3 An entire county
- 4 County equivalent
- 5 Part of a county (e.g., city or town)
- 6 Other (Describe)

If you answered 5 – Part of a county (e.g., city or town), please stop here. Your office does not meet our eligibility criteria for this census, but we thank you for your time. If you have any questions about eligibility, or believe you were screened out in error, please contact cpdo@norc.org or 1-866-582-4052.

A2. Is your public defender office the primary office in your jurisdiction? By 'primary office' we mean an office that is assigned more criminal and juvenile delinquency cases or other court-appointed cases than any other public defender office. (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 Don't know

A3. Is your public defender office a conflict office? By 'conflict office' we mean an office that is assigned cases when another public defender office has a conflict of interest. (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 Don't know

A4. Which best describes your public defender office? (Mark (X) only one.)

- 1 Part of the state or county judicial branch
- 2 Part of the state or county executive branch
- 3 A nonprofit organization
- 4 Other (Describe)

A5. Is your office overseen or funded, in whole or in part, by a state-level board or commission? (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 Don't know

A6. Is your office overseen or funded, in whole or in part, by a board or commission other than at the state-level? (Mark (X) only one.)

- 1 Yes
- 2 No (If no, Skip to A9)
- 3 Don't know

A7. Which of the following best describes the role of the non-state-level board or commission in the following decisions? (Mark (X) only one choice per row.)

| | Is the final decision-maker | Has a limited (e.g., advisory) role | Has no role | Don't know |
|--|-----------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Determines attorney practice standards for the office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Determines the total amount of the office's budget | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Determines policy priorities for the office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A8. Who appoints the members of the non-state-level board or commission? (Mark (X) only one choice per row.)

| | Yes | No | Don't know |
|----------------------------|--------------------------|--------------------------|--------------------------|
| a. Governor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. State Legislature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supreme Court | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. County Commission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (please describe) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A9. The reference period for this survey's questions about finances is fiscal year (FY) 2023. Please indicate your office's FY 2023. (Mark (X) only one.)

- 1 Calendar year (January 1, 2023-December 31, 2023)
- 2 July 1, 2022 to June 30, 2023
- 3 Other (If other, please indicate the dates below):

Month ____ -Day ____ -Year _____
to
Month ____ -Day ____ -Year _____

USE THIS REFERENCE PERIOD FOR QUESTIONS THAT ASK ABOUT FY 2023

A10. In your office's FY 2023, how much did your office spend (i.e., what was your office's total operating expenditures) to provide services to defendants in court-appointed cases? (If you are unable to provide the actual amount, please provide your best estimate and mark (X) in the estimate check box.)

TOTAL OPERATING EXPENDITURES:
\$ _____ .00

- 1 Estimate (Est)
- 2 Don't know (skip to A13)

A11. Which of the following are included in your total operating expenditures entered in A10? (Mark (X) only one choice per row.)

| | Yes | No | N/A, no such spending | Don't know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Salaries for personnel | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Fringe benefits for personnel (e.g., health benefits, retirement) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Contracting costs (e.g., expert witness compensation) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. One-time capital costs (e.g., building construction, major equipment purchase) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Supplies, materials (e.g., office supplies) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Utilities & services (e.g., water, heat, security, I.T. support) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A12. What percentage of the total operating expenditures entered in A10 came directly from each of the following sources? (If you are unable to provide the actual percentage, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| Percentage Source | Percentage (%) | Est |
|---|----------------------|--------------------------|
| a. State | <input type="text"/> | <input type="checkbox"/> |
| b. County | <input type="text"/> | <input type="checkbox"/> |
| c. City or town | <input type="text"/> | <input type="checkbox"/> |
| d. Federal government (including Byrne Justice Assistance Grants) | <input type="text"/> | <input type="checkbox"/> |
| e. Private funds (e.g., client contributions to cost of representation, charitable donations) | <input type="text"/> | <input type="checkbox"/> |
| f. Other (please describe) | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | | |
| 100% TOTAL | | |

A13. Is the primary funding source for your public defender office an awarded contract? (Mark (X) only one.)

- 1 Yes
 2 No (If no, Skip to B1)

A14. Was the contract process competitive? (Mark (X) only one.)

- 1 Yes
 2 No

Section B. Staffing

B1. Including the chief public defender, how many of the following types of paid employees worked in your public defender office on December 31, 2023? ("Part-time" refers to any individual who regularly works fewer hours than the office's standard work week. If you are unable to provide the actual number, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| | Number of full-time | Est | Number of part-time | Est |
|---|----------------------|--------------------------|----------------------|--------------------------|
| a. Attorneys with management or supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| b. Attorneys with no management or supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| Total attorneys (sum of rows a and b) | | | <input type="text"/> | |
| c. Social workers (staff whose primary responsibility is to assess client needs, prepare reports, and refer to services, regardless of licensing credentials) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| d. Investigators (staff whose primary responsibility is factual investigation of cases) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| e. Paralegals | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| f. All other staff (including administrators, support staff, IT, human resources, and all others) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

B2. Of the sum of B1a and B1b full-time attorneys and sum of B1a and B1b part-time attorneys in your office on December 31, 2023, what was the breakdown of all attorney staff by gender on December 31, 2023? (If you are able to provide estimated numbers only, please mark (X) in the estimate check box. If you are unable to provide any numbers, please check 'Unable to provide this information.' If none, enter "0".)

| | Number of full-time attorneys | Est | Number of part-time attorneys | Est |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Female | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| b. Male | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Unable to provide this information | | | | |

B3. Of the sum of B1a and B1b full-time attorneys and sum of B1a and B1b part-time attorneys in your office on December 31, 2023, what was the breakdown of all attorney staff by race and ethnicity on December 31, 2023? (If you are able to provide estimated numbers only, please mark (X) in the estimate check box. If you are unable to provide any numbers, please check 'Unable to provide this information.' If none, enter "0".)

| | Number of full-time attorneys | Est | Number of part-time attorneys | Est |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| a. White (non-Hispanic) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| b. Black or African American (non-Hispanic) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| c. Hispanic | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| d. American Indian or Alaska Native (non-Hispanic) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| e. Asian (non-Hispanic) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| f. Native Hawaiian or Other Pacific Islander (non-Hispanic) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| g. Two or more races | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| h. Not known | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Unable to provide this information | | | | |

B4. Of the sum of B1a and B1b full-time attorneys, and sum of B1a and B1b part-time attorneys on staff, how many are litigating attorneys as of December 31, 2023? (Litigating attorneys carry a caseload.) (If you are unable to provide the actual number, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| | |
|---|---|
| Number of full-time attorneys | Number of part-time attorneys |
| <input type="text"/> <input type="checkbox"/> Est | <input type="text"/> <input type="checkbox"/> Est |

B5. Of the sum of B1a and B1b full-time attorneys, and sum of B1a and B1b part-time attorneys on staff, how many had been employed at your office for more than three years as of December 31, 2023? (If you are unable to provide the actual number, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| | |
|---|---|
| Number of full-time attorneys | Number of part-time attorneys |
| <input type="text"/> <input type="checkbox"/> Est | <input type="text"/> <input type="checkbox"/> Est |

B6. Please enter the minimum and maximum salaries your office paid as of December 31, 2023 for staff in the following categories:

| Category | Minimum | Maximum | No such persons |
|---|--------------|--------------|--------------------------|
| a. Attorneys with management or supervisory responsibilities over other attorneys | \$ _____ .00 | \$ _____ .00 | <input type="checkbox"/> |
| b. Attorneys with no supervisory responsibilities over other attorneys | \$ _____ .00 | \$ _____ .00 | <input type="checkbox"/> |
| c. Social workers (staff whose primary responsibility is to assess client needs, prepare reports, and refer to services, regardless of licensing credentials) | \$ _____ .00 | \$ _____ .00 | <input type="checkbox"/> |
| d. Investigators (staff whose primary responsibility is factual investigation of cases) | \$ _____ .00 | \$ _____ .00 | <input type="checkbox"/> |
| e. Paralegals | \$ _____ .00 | \$ _____ .00 | <input type="checkbox"/> |

B7. How many staff in each category left your office as of December 31, 2023, regardless of the reason? (If you are unable to provide the actual number, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| Category | Number full-time | | | Number part-time | | |
|---|----------------------|--------------------------|-----|----------------------|--------------------------|-----|
| a. Attorneys with management or supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| b. Attorneys with no supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| c. Social workers (staff whose primary responsibility is to assess client needs, prepare reports, and refer to services, regardless of licensing credentials) | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| d. Investigators (staff whose primary responsibility is factual investigation of cases) | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| e. Paralegals | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |

B8. How many positions were vacant on December 31, 2023? Vacant means that your office is authorized to hire for that position, but as of December 31, 2023, the position was not filled. (If you are unable to provide the actual number, please provide your best estimate and mark (X) in the estimate check box. If none, enter "0".)

| Category | Number full-time | | | Number part-time | | |
|---|----------------------|--------------------------|-----|----------------------|--------------------------|-----|
| a. Attorneys with management or supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| b. Attorneys with no supervisory responsibilities over other attorneys | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| c. Social workers (staff whose primary responsibility is to assess client needs, prepare reports, and refer to services, regardless of licensing credentials) | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| d. Investigators (staff whose primary responsibility is factual investigation of cases) | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |
| e. Paralegals | <input type="text"/> | <input type="checkbox"/> | Est | <input type="text"/> | <input type="checkbox"/> | Est |

B9. In your jurisdiction who is the final authority in the selection of the chief public defender in your office? (Mark (X) only one.)

- 1 State-level board or commission
- 2 Board or commission other than at state-level
- 3 State governor
- 4 Publicly elected
- 5 County executive
- 6 County legislature
- 7 County or district judiciary
- 8 Other (Please describe):

B10. How long had the chief public defender in your office been in their position as of December 31, 2023? (Write in years and months.)

- a. _____ Years
- b. _____ Months
- c. N/A - position was vacant (If no, Skip to B12)

B11. What was the annual salary of the chief public defender in your office on December 31, 2023?

TOTAL ANNUAL SALARY:
\$ _____ .00

B12. Is the current chief public defender in your office a litigating attorney? (Litigating attorneys carry a caseload.) (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 NA - position is vacant (Skip to C1)

B13. Is the current chief defender part- or full-time? "Part-time" refers to any individual who regularly works fewer hours than the office's standard work week. (Mark (X) only one.)

- 1 Part-time
- 2 Full-time

B14. What is the gender of the current chief defender? (Mark (X) all that apply.)

- 1 Female
- 2 Male
- 3 Transgender, non-binary, or another gender

B15. What is the ethnicity of the current chief public defender? (Mark (X) only one.)

- 1 Spanish, Hispanic, or Latino
- 2 Not Spanish, Hispanic, or Latino

B16. What is the race of the current chief public defender? (Mark (X) all that apply.)

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 Some other race (Please specify):

Section C.

C1. In your office's FY 2023, did your office handle cases for court-appointed clients in the following categories? (Mark (X) only one choice per row.)

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Felony capital (including death-penalty-eligible cases not ultimately prosecuted as capital cases) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Felony non-capital (including felony traffic cases) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Misdemeanors that carry a jail sentence (including misdemeanor traffic cases) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Misdemeanors that do not carry a jail sentence (including fine-only traffic offenses) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ordinance/Municipal infraction or violation | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Violation/Revocation of probation or parole | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Sex offender registration and classification | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Criminal appeal | <input type="checkbox"/> | <input type="checkbox"/> |
| i. State post-conviction/habeas corpus | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Federal habeas corpus | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Expungement of criminal record | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Clemency or pardon | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Juvenile delinquency | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Juvenile delinquency appeals | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Juvenile transfer/waiver hearings | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Juvenile status offense (e.g., underage liquor law violation, truancy, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Termination of parental rights | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Child protection/dependency cases (representing children) | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Child protection/dependency cases (representing parents, other than termination of parental rights) | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Civil commitment of alleged sexually violent predators | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Civil commitment (other than alleged sexually violent predators) | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Other (Describe): | <input type="checkbox"/> | <input type="checkbox"/> |

C2. Criminal cases are often defined and counted differently across offices. Which of the following statements most closely reflects how your office counts a “case”? (Mark (X) only one.)

- 1 Every charge against every client is counted as a separate case.
- 2 Groups of charges against a client may be counted as single cases. (Groups of charges may be: charges arising from a single incident, charges contained in a single charging instrument, or charges contained in a single court docket)

C3. How many of the following types of cases did your office receive in your office’s FY 2023? (If you are unable to provide the actual number, please provide your best estimate and mark the estimate box. If none, enter “0”.)

| Type of case | Number of cases | Est |
|---|----------------------|--------------------------|
| a. Capital felony (including death-penalty-eligible cases not ultimately prosecuted as capital cases) | <input type="text"/> | <input type="checkbox"/> |
| b. Non-capital felony (including traffic felonies) | <input type="text"/> | <input type="checkbox"/> |
| c. Misdemeanors that carry a jail sentence (including misdemeanor traffic offenses) | <input type="text"/> | <input type="checkbox"/> |
| d. Misdemeanors that do not carry a jail sentence (including fine-only traffic offenses) | <input type="text"/> | <input type="checkbox"/> |
| e. Ordinance/Municipal infraction or violation | <input type="text"/> | <input type="checkbox"/> |
| f. Violation of probation or parole | <input type="text"/> | <input type="checkbox"/> |
| g. Criminal appeals | <input type="text"/> | <input type="checkbox"/> |
| h. Juvenile cases (including juvenile delinquency, delinquency appeals, and juvenile transfer/waiver hearings) | <input type="text"/> | <input type="checkbox"/> |
| i. All other cases (including civil commitment of alleged sexually violent predators, civil commitment other than alleged sexually violent predators, state post-conviction/habeas corpus, federal habeas corpus, juvenile status offenses, termination of parental rights, child protection/dependency cases representing children or parents, sex offender registration and classification, expungement of criminal record, clemency) | <input type="text"/> | <input type="checkbox"/> |

If your response to C3, b. non-capitol felony cases is ‘0,’ skip to D1

C4. In non-capital felony cases, when is your office typically appointed to represent a client? (Mark (X) only one.)

- 1 Between the client’s arrest and first court appearance. (A first court appearance occurs when a defendant is brought before a judge or judicial officer, is informed of charges against them, and their liberty may be subject to restriction.)
- 2 AT the client’s first court appearance
- 3 AFTER the client’s first court appearance
- 4 Other (Please describe):

C5. In non-capital felony cases, how soon does a representative from your office (attorney, investigator, paralegal, etc.) typically first contact a client appointed to the office who is in custody? (Mark (X) only one.)

- 1 Before appointment
- 2 Immediately upon appointment (e.g., attorney is routinely present in court when client is appointed, and meets with client)
- 3 Not immediately, but within 24 hours of appointment
- 4 Later than 24 but within 48 hours of appointment
- 5 Later than 48 but within 72 hours of appointment
- 6 Later than 72 hours after appointment
- 7 Other (Please describe):

C6. In non-capital felony cases, how soon does a representative from your office (attorney, investigator, paralegal, etc.) typically first contact a client appointed to the office who is not in custody? (Mark (X) only one.)

- 1 Before appointment
- 2 Immediately upon appointment (e.g., attorney is routinely present in court when client is appointed, and meets with client)
- 3 Not immediately, but within 24 hours of appointment
- 4 Later than 24 but within 48 hours of appointment
- 5 Later than 48 but within 72 hours of appointment
- 6 Later than 72 hours after appointment
- 7 Other (Please describe):

C7. Which of the following best describes how non-capital felony cases are generally handled after your office is appointed? (Mark (X) only one.)

- ¹ Cases are handled by a single attorney from start to finish (vertical representation).
- ² Cases may be handled by one or more attorneys prior to arraignment, then assigned to a single attorney for the remainder of the case (vertical representation after arraignment only).
- ³ Cases may be assigned to different attorneys at various stages of the case after arraignment (horizontal representation).
- ⁴ Cases are assigned to either one or more attorneys depending on the type of charges filed
- ⁵ Other (Please describe):

Section D. ELIGIBILITY FOR SERVICES

D1. Is your office responsible for screening applications from defendants seeking court-appointed counsel? (Mark (X) only one.)

- ¹ Yes
- ² No

D2. In your jurisdiction, which of the following information is used to assess whether a defendant is financially qualified to receive appointed counsel? (Mark (X) only one choice per row.)

| | Considered | Not considered | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Applicant earns income from employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant has outstanding debt (e.g., credit card, student loan) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Applicant is able to post financial bond | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Applicant is in custody (e.g., mental hospital, jail, juvenile or youth facility or other correctional institution) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Applicant lives in public housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Applicant must pay utility bills, rent, mortgage, or other fixed expenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Applicant owns a car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Applicant owns a house | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Applicant receives needs-based public assistance (e.g., social security, TANF) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Assets or income of applicant's family members (e.g., spouse, parents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Likely cost for applicant to hire own attorney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Number of dependents in applicant's family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Seriousness of charges against applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D3. In your jurisdiction, is there a standard income level above which applicants are generally denied court-appointed counsel?

- ¹ Yes
- ² No (*Skip to D5*)
- ³ Don't know (*Skip to D5*)

D4. As of December 31, 2023, what was the income limit above which an applicant for representation in a non-capital felony case with no dependents would routinely be denied court-appointed counsel? (Enter either a dollar amount or a percentage based on the Federal Poverty Line. If neither applies, please describe what is used.)

- ¹ Income level: \$ _____ .00
- ² ____ % of the Federal Poverty Line
- ³ Other (*Please describe*):

⁴ Don't know

D5. Which of the following fees can a client of your office be required to pay? (Mark (X) only one choice per row.)

| | Yes | No | Don't know |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Up-front application or administrative fee when requesting an attorney | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> | ³ <input type="checkbox"/> |
| b. Attorney cost recoupment after representation is ended (whether partial or full) | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> | ³ <input type="checkbox"/> |

Section E. Office Resources

E1. Does your office have policies in the following areas? (Mark (X) only one choice per row.)

| | Yes, written policy | Yes, unwritten or informal policy | No policy |
|--|---------------------------|---|--------------------------|
| a. Attorney caseload limits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Attorney qualifications to take cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attorney supervision and/or mentoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Case file maintenance (e.g., timeliness of case closing, completeness of notes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Client contact (e.g., frequency throughout the case) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Continuity (or 'verticality') of representation throughout case | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Determining a conflict of interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Information security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Performance reviews for attorney staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Performance reviews for non-attorney staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Remote work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Training of attorneys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Training of social workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Training of investigators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Use of social workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Use of investigators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E2. Does your office provide either in-house Continuing Legal Education (CLE) for attorneys, or funding for attorneys to obtain CLE elsewhere? (Mark (X) only one choice per row.)

| | Provided | Not provided | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. In-house CLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Funding for attorneys to obtain CLE elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E3. Does your office provide either in-house Continuing Education Units (CEUs) for social workers, or funding for social workers to obtain CEUs elsewhere? (Mark (X) only one choice per row.)

| | Provided | Not provided | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. In-house CEU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Funding for attorneys to obtain CEU elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E4. Does your office pay bar membership fees for staff attorneys? (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 Don't know

E5. Does your office use an electronic case management system (CMS)? Case management systems are software packages that allow attorneys to keep track of data on clients and cases. For the purposes of this question, word-processing documents and spreadsheets (such as Excel) do not constitute a CMS. (Mark (X) only one.)

- 1 Yes
- 2 No
- 3 Don't know

E6. Do you have any system in your office that would allow you to report the following data? (Mark (X) only one choice per row.)

| | Data are easily reportable | Data would be difficult to report (e.g., time consuming and/or labor-intensive) | Could not report (e.g., data not available or accessible) |
|--|----------------------------|---|---|
| a. The office's total caseload | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The number of cases in which an attorney used the services of an investigator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The number of cases in which an attorney used the services of a social worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The number of cases in which an attorney used the services of an expert witness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Number of cases by disposition (e.g., how many ended in dismissal, conviction, acquittal) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The cost of providing representation in all cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Demographic data on attorneys and other employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Demographic data on clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E7. Do you have any system in your office that does the following? (Mark (X) only one choice per row.)

| | Yes, and it meets our office's needs | Yes, but it doesn't meet our office's needs | No such system |
|--|--------------------------------------|---|--------------------------|
| a. Automatically transcribes speech in video evidence to text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Generates form letters or emails for me to send to clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Identifies conflicts of interest by checking names of parties in existing cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Organizes client appointments and court dates into a calendar showing attorneys where they need to be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sends text message reminders to clients for court dates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sends text message reminders to clients for appointments at my office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Stores all documents related to a case for easy reference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Stores all communication related to a case for easy reference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Tracks the amount of time that attorneys spend on a case | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E8. What is the current volume of digital/electronic evidence that your office processed in FY 2023?

(Mark (X) only one.)

- 1 10 gigabytes or less
- 2 More than 10 but less than 100 gigabytes
- 3 More than 100 but less than 500 gigabytes
- 4 More than 500 gigabytes but less than 1 terabyte
- 5 Greater than 1 terabyte but less than 10 terabytes
- 6 Greater than 10 terabytes
- 7 Don't know

Time survey completed: _____

Number of individuals consulted with: _____

Notes (Optional)

Question numbers that were burdensome.

Question numbers that required other staff members' input.

Question numbers that were unclear.

Other feedback on survey.