**ATTACHMENT 1**

**QUESTIONNAIRE**

Please be sure to complete all sections, mark checkboxes and provide text responses as necessary.

1. **Organization Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the organization / entity: | | | | |
| Type of Entity | □ Public Agency | □ Private for Profit | | □ Private Non-Profit |
| □ Solo Practitioner | □ Centrally Administered Panel | | |
| □ Other: |  | |  |
|  | Organization Size | | Years in Business | |
| Brief description of organization: | | | | |

1. **Staffing Plan**

Please use the table below to enter staffing information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Attorney | Supervisor | Contract  Attorney | Investigators | Non-Attorney Staff |
| # of FTE\* per classification |  |  |  |  |  |
| # of clients per attorney |  |  |  |  |  |
| # of attorneys available  per calendar |  |  |  |  |  |
| * FTE means Full Time Position Equivalent ( e.g. 1.5 FTE = one full time and one half time staff) | | | | | |

1. **Staff Experience**

**Please use the text box below to describe your ability to provide juvenile dependency representation services:**

* 1. Staff experience in dependency, credentials, and method for attorney and staff supervision.
  2. Other information regarding your staff and/or staffing plan that you would like to provide.

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1. **Language**

Please use the text box below to describe your plan for representing clients who use English as their second language.

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|  |

1. **Subcontract**

Do you plan to subcontract part of the service requested? If yes please provide outline of these services in the box below:

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| --- |
|  |

1. **Conflict Counsel**

Responders should describe how they will provide representation to all parties when a case has more than one client requiring representation by the responder, or when responder has a conflict of interest with a particular client. Respondents could follow the “Ethical Walls Approach” or the “Subcontractor Approach” or use a hybrid method.

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