

# Civil Appellate Self-Help Workshop

Welcome to the Civil Appellate Self-Help Workshop. Please complete the information below.

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

## Statistical Information

GENDER	AGE	ETHNICITY	PREFERRED LANGUAGE	MONTHLY HOUSEHOLD INCOME
<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	<input type="checkbox"/> Latino/Mexican-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> 0-\$1000 <input type="checkbox"/> 1001-2000 <input type="checkbox"/> 2001-3000 <input type="checkbox"/> 3001-4000 <input type="checkbox"/> 4001-UP <input type="checkbox"/> None
EDUCATION				
<input type="checkbox"/> Elementary <input type="checkbox"/> Jr High <input type="checkbox"/> High School	<input type="checkbox"/> Bac'lrs/masters <input type="checkbox"/> AA/AS degree <input type="checkbox"/> None			

### How did you hear about us?

Court     Friend/Family     Library     Other – who? \_\_\_\_\_

### Have you been to our workshop before?

YES     NO

### Do you have a disability and need special help?

YES     NO

### Do we have permission to call you to do a survey?

YES     NO

### Can you read and write ENGLISH?

YES     NO

## Case Information

Case Number: \_\_\_\_\_

List all parties to the appeal: \_\_\_\_\_

\_\_\_\_\_

Have you filed a notice of appeal? \_\_\_\_\_

### Subject Matter of the appeal:

- Family  
 Probate  
 Criminal  
 Other Civil