



Small Claims Court Navigator Clinic Evaluation for Clients

We are committed to enhancing our services. Please help us by answering the following questions in relation to your visit. We respect your privacy. Your name will not be shared with anyone outside of the clinic.

Date: _____

Please check the answer that best describes your experience. ✓

	YES	NO	UNSURE
I was treated well by staff at the clinic.			
The legal information I received was helpful.			
The Small Claims Court app was helpful.			
I understand the information I received.			
I found it helpful to review the Small Claims Court app with the Legal Information Volunteer.			
I know what I need to do next.			
I was satisfied overall with the free services provided to me.			
If needed, were you given referrals to any other agencies or resources?			
The Legal Information Volunteer made me feel at ease.			
I still need more information.			
Would you recommend this service?			

Other suggestions or comments:

I am _____ Male _____ Female



To ensure our services are meeting the needs of our clients, may we contact you for additional follow-up?

If YES, please provide your contact information.

Name: _____

Phone: _____

Email: _____

Legal Information Society of Nova Scotia

1663 Brunswick Street Halifax NS B3J 3Z6 • 902-454-2198 • lisns@legalinfo.org
www.legalinfo.org • 1-800-665-9779 or 902-455-3135 Legal Info Line, Lawyer/Mediator Referral

All information provided will be kept in the strictest confidence.