



Municipal Court Customer Service Survey

Date _____

Time _____

Courtroom _____

Please let us know about your experience by checking your responses to the following:

- 1. My overall experience was: Great _____ Good _____ Fair _____ Poor _____
- 2. The clerk who assisted me was courteous. Yes _____ No _____ No contact with clerk _____
- 3. The clerk who assisted me was knowledgeable. Yes _____ No _____ No contact with clerk _____
- 4. The prosecutor was professional and courteous. Yes _____ No _____ No contact with prosecutor _____
- 5. The judge was professional and courteous. Yes _____ No _____ No contact with judge _____
- 6. I was able to understand the information I received. Yes _____ No _____

Your comments are important to us. Please use the space below to add any comments you would like about Judges, the Prosecutors, or Court Clerks (include name of person who assisted you if known):

Please feel free to write any additional comments on the back of this form.

Reason I was at Municipal Court today: My own case _____ Juror _____ Witness _____ Other _____

Thank you for completing this survey.

Name (optional): _____

Telephone Number (optional): _____

Email address (optional): _____

Mail to Customer Survey, Municipal Court, P.O. Box 2135, Austin TX 78768 or email to court@ci.austin.tx.us