



## South Carolina Department of Probation, Parole & Pardon Services Victim Services Survey

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1. If you received a notification letter advising of the parole hearing, did you receive it 30 days prior to the hearing date?  Yes  No  N/A

If no, how many days prior to the hearing date did you receive your letter? \_\_\_\_\_

2. Were the directions to the hearing provided in the attachment to the letter helpful to you?  Yes  No  N/A

3. Do you have any suggestions as to how we could improve our letter and/or attachments?

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Were you greeted promptly and courteously by Victim Services staff upon your arrival at the hearing?

Yes  No Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Was the hearing process explained to you by staff prior to your speaking to the Parole Board?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

6. Were any questions that you asked answered adequately by staff?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

7. Did you have to wait longer than expected before your case was called?  Yes  No

Approximately how long did you wait? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

8. Were you treated courteously and professionally by the Parole Board?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

9. Were you given a chance to speak to the Parole Board?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

10. If you spoke to the Board, were you given enough time to express your feelings?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

11. Were you advised of the outcome of the hearing before you left that day?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

12. If the case was paroled, were you given follow-up information by Victim Services staff?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

13. If the case was rejected, was it explained to you when the case could be heard again?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

14. Do you have any suggestions/comments on how we can make this process easier for victims?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you attended parole hearing: \_\_\_\_\_

Date survey questionnaire completed: \_\_\_\_\_

(Optional) Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Work ph#: \_\_\_\_\_ Home ph#: \_\_\_\_\_