

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO**

<p style="font-size: small; margin: 0;">PARTY OR ATTORNEY MAKING REQUEST</p>  <p style="font-size: small; margin: 0;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p style="font-size: small; margin: 0;">E-MAIL ADDRESS (Optional): _____</p> <p style="font-size: small; margin: 0;">ATTORNEY FOR (Name): _____</p> <p style="font-size: small; margin: 0;">PETITIONER: _____</p> <p style="font-size: small; margin: 0;">RESPONDENT: _____</p>	<p style="font-size: x-small; margin: 0;">FOR COURT USE ONLY</p>  <p style="font-size: large; font-weight: bold; margin: 0;">DO NOT FILE</p>  <p style="font-size: small; margin: 0;">CASE NUMBER: _____</p>
<p style="font-weight: bold; margin: 0;">FEEDBACK</p>	

Instructions: The court encourages parties to give their feedback if an issue of concern with court staff or court procedure arises. Please complete the following items to help us better understand your concerns. When you are done completing the form, please give the form to the court clerk or place it in the drop box in the court lobby. **This form will not be placed in your court file.**

Please state the nature of your feedback below: (Attach additional pages if needed)

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To which department is this form directed:

- An individual in the clerk's office
- An individual in the Self-Help Center
- Mediation Personnel
- Family Court Service Procedure
- Civil Court Procedure
- Criminal Court Procedure
- Both and individual and a Procedure

If this form is directed at a specific person, what is their name, if known: \_\_\_\_\_

When did this happen? \_\_\_\_\_

Do you have any general suggestions for the Court?

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature