



# NMPASI

**NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.**

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## Satisfaction Survey

FILE NO: \_\_\_\_\_

In order to facilitate continued improvement on our Protection & Advocacy Service and now that the Northern Marianas Protection & Advocacy Systems, Inc. (NMPASI) is closing your case with the \_\_\_\_\_ ( ) Program, we ask that you please take a minute to respond to the following questions when your case is closed.

1. How satisfied overall were you with the help you received from the Program? (please check appropriate line.  Not Satisfied  Satisfied/OK  Very Satisfied
2. Please tell us why you were satisfied or why you were not satisfied.

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3. If you had another problem related to your disability, would you use the program again? (please check appropriate line)  Yes  No
4. Please write in the name of Advocate or Attorney who assisted you.  
Name: \_\_\_\_\_

Thank you. Your answer will help us to better serve our clients in the future.

I hereby declare that I have read the above and/or had it explained to me

By: \_\_\_\_\_ NMPASI Staff. I further declare that a copy of the form has been furnished to me.

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