

Experience Evaluation

COOK COUNTY DEPARTMENT OF ADMINISTRATIVE HEARINGS



Jack Weinrauch, Director

www.cookcountydoah.org

Your opinion is very important to us. Please complete this voluntary survey and provide any additional comments you feel are necessary. Your answers assist the Department of Administrative Hearings in providing you with quality customer service during your time in our office. We are an independent and impartial branch of the Department that is alleging the violation against you. The information that you voluntarily provide in this evaluation and the data collected is for this Department's use only and will only be shared with other internal Departments of Cook County to further our objective in providing you with a pleasant hearing experience. This evaluation may be mailed or delivered to the Central Hearing Facility at 118 N. Clark Street, Room 1140, Chicago, Illinois 60602. Thank you for sharing with us your experience at the DOAH.

1. *Date of Hearing:* _____

2. *What location did you visit?*

Central Hearing Facility
118 N. Clark St., Room 1140
Chicago, Illinois 60602

Skokie Branch
5600 Old Orchard Rd.
Skokie, Illinois 60077

Rolling Meadows Branch
2121 Euclid Avenue
Rolling Meadows, Illinois 60008

Maywood Branch
1500 Maybrook Drive.
Maywood, Illinois 60153

Bridgeview Branch
10220 S. 76th Avenue
Bridgeview, Illinois 60455

Markham Branch
16501 S. Kedzie Parkway
Markham, Illinois 60428

Forest Preserve
1 Aloha Drive
Hinsdale, Illinois 60523

3. *What type of case did you have before the Administrative Law Judge?*

Sherriff's Office

Public Health

Environment

Revenue

Building & Zoning

Forest Preserve

Other (please specify) _____

4. *In what capacity did you appear at the Hearing?*

Respondent

Agency Representative

Agency Attorney

Respondent's Attorney

Other (please specify): _____

5. *What was the length of your visit?*

1-30 Minutes

31-60 Minutes

Over 1 hour

Additional

Comments: _____

6. *How would you rate the Clerks and Support Staff in the following categories?*

Professionalism

Excellent

Good

Needs improvement

Poor

Courteousness

Excellent

Good

Needs improvement

Poor

Informational Knowledge

Excellent

Good

Needs improvement

Poor

Additional

Comments: _____

7. *What is the name of the Administrative Law Judge that heard your case?*

Name: _____

8. *How would you rate the Administrative Law Judge in the following categories?*

Fair and Impartial

Excellent

Good

Needs improvement

Poor

Professionalism

Excellent Good Needs improvement Poor

Courteousness

Excellent Good Needs improvement Poor

Satisfaction with Hearing Officer

Excellent Good Needs improvement Poor

Additional Comments: _____

9. *Have you had any other cases before this hearing officer? If you answered "yes" please indicate approximately how many cases?*

10. *How would you rate the **Petitioner**: i.e.; States Attorney's or other Department Representatives in the following categories?*

Name of Petitioning Department _____

Name of States Attorney or Representative (if known) _____

Professionalism

Excellent Good Needs improvement Poor

Courteousness

Excellent Good Needs improvement Poor

Additional Comments: _____

11. *How well did you understand the hearing process?*

Very well

Well

Some

Did not understand at all

Additional
Comments: _____

12. *Were all of your issues resolved or addressed during your visit? If not, please explain.*

Yes

No

13. *How would you rate our hearing facility?*

Excellent

Good

Needs Improvement

Poor

Additional
Comments: _____

14. *Did you visit our website at www.cookcountydoah.org prior to your Hearing date? If so, please rate our website, explain how you used it and if it was helpful.*

Excellent

Good

Needs Improvement

Poor

Please provide additional comments here about the Department of Administrative Hearings:

(OPTIONAL) Name: _____ (OPTIONAL) Phone # _____