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| **FLEXIBLE OPERATING HOURS – QUESTIONNAIRE FOR ADVOCATES** |
|  | **NAME** (Optional) |  |
|  | **CHAMBERS/FIRM** (Optional) |  |
|  | **COURT** |  |
| 1 | Have you agreed to **take** FOH pilot cases? |  |
| 1.1 | If not, why not?  |  |
| 1.2 | If so, have you placed any conditions on taking them? |  |
| 1.3 | If so, what conditions? |  |
|  |  |  |
| 2 | If you have **returned** a FOH case, please give the following information: |  |
| 2.1 | When was it returned? |  |
| 2.2 | Why was it returned? |  |
| 3 | If you have **not** returned a FOH case, please give the following details of each case you have taken: |  |
|  |  |  |
| 3.1 | Type of **hearing** |  |
| 3.2 | Type of **case** by charge/s |  |
| 3.3 | Any unusual features: eg child/vulnerable witness |  |
| 4 | Were you given the option of moving your case to a non-FOH court? |  |
| 5 | If not, did you request that your case be moved to a non-FOH court? |  |
| 5.1 | What were the reasons for the request? |  |
| 6 | What was the response? |  |
|  |  |  |
|  | **The Hearing** |  |
| 6.1 | Type of hearing (trial/plea/sentence/PTPH/mention/other) |  |
| 6.2 | Morning/afternoon? |  |
| 6.3 | Time leaving home/Chambers/office |  |
| 6.4 | Time of arrival at Court |  |
| 6.5 | Time defendant/s arrived |  |
| 6.6 | (Defenders) time available for conference with client **before** sitting |  |
| 6.7 | (Defenders) time available for conference with client **after** sitting |  |
| 6.8 | (Prosecutors) time available to meet witnesses/CPS/police |  |
| 6.9 | (Both) time to liaise with opponent |  |
| 6.10 | If an expert witness was used, did they arrive in time for a conference? |  |
| 6.11 | If an expert witness was used, did they arrive on time? |  |
| 6.12 | Name of Judge |  |
| 6.13 | Time sitting began |  |
| 6.14 | Was there a mid-morning/mid-afternoon break? |  |
| 6.15 | Time sitting ended |  |
| 6.16 | What stage had proceedings reached when sitting ended? |  |
| 6.17 | Time of return home/to Chambers |  |
| 6.18 | Any unusual expenses due to sitting hours? (eg peak/off-peak fares) |  |
|  |  |  |
| 7 | **Work patterns** |  |
| 7.1 | Have you had to work double shifts on same day? |  |
| 7.2 | If so, please give details |  |
| 7.3 | Have you had to alternate mornings and afternoons on different days? |  |
| 7.4 | What impact has FOH had on |  |
|  | (a) Professional commitments (eg conferences, preparation)? |  |
|  | (b) Personal commitments |  |
|  |  |  |
| 8 | **About You** |  |
| 8.1 | Gender |  |
|  | * Male
 |  |
|  | * Female
 |  |
|  | * Prefer not to say
 |  |
| 8.2 | Age |  |
| 8.3 | Caring responsibilities |  |
| 8.4 | Disabilities (if any) |  |
|  |  |  |
| 9 | **Any Other Comments** |  |
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