

**POST-REPRESENTATION SURVEY**

How did you find out about our firm?

- Referred by family/friend
- Knew attorney personally
- Advertisement in \_\_\_\_\_
- Other former clients

	YES	NO
Was our office conveniently located for you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did our staff greet you courteously when you came to the office?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were your phone calls answered pleasantly by staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were your phone calls returned promptly by attorneys?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the attorney handling your case explain what the firm would do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were you given regular status reports on your case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you feel you met with your attorney when you needed to?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you feel your attorney cared about you and your case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you need legal representation in the future, would you call our firm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a friend needed an attorney, would you refer him/her to our firm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

How do you rate our:	Excellent	Above Average	Average	Below Average	Poor
1) Professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Availability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Competence & Ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Treatment of You	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Legal Fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Attorneys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Overall Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down any comments or suggestions that you may have to help us better serve our clients in the future:

I felt that your firm truly cared about myself and my case, and went the extra mile.

May we use your comments and survey for marketing purposes?  YES  NO

Steve Black  
Name (Optional)

**THANK YOU AGAIN. IT WAS OUR PRIVILEGE TO REPRESENT YOU.**