

POST-REPRESENTATION SURVEY

How did you find out about our firm?

- Referred by family/friend
- Knew attorney personally
- Advertisement in _____
- Other _____

	YES	NO
Was our office conveniently located for you?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 was able to set aside most of my worries due to the concern your firm had for me. Thank you

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

Daniel Cole
Name (Optional)

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