

POST-REPRESENTATION SURVEY

How did you find out about our firm?

- Referred by family/friend
- Knew attorney personally
- Advertisement in PAPER
- 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:

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

Jim Deans

 Name (Optional)

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