

Post-Matter Client Service Survey

1. How were you referred to our firm?

- Know lawyer or staff member personally. Name? _____
- Referred by someone. Name? _____
- Yellow pages ad
- Saw firm advertisement or brochure. Where? _____
- Internet search
- Other (please explain) _____

2. Why did you select our firm?

- Convenient location
- Firm reputation
- Lawyer reputation
- Personal relationship with lawyer/staff member
- Business relationship with lawyer/staff member
- Cost of legal services
- Recommendation (please explain) _____

- Other (please explain) _____

3. What is your opinion about the following?

	Very	Somewhat	Somewhat	Very
	Satisfied	Satisfied	Dissatisfied	Dissatisfied

Overall level of satisfaction with our service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of the office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reaching your lawyer by telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in returning telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in returning e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer clearly explained everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff courtesy and helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept fully informed about my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution of the case, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer's responsiveness when I wanted to meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer's concern about me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer's belief in my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Would you recommend our services to your family, friends or colleagues?

Yes No

If you would not recommend our firm to another person, please state your reasons, especially if not detailed elsewhere in these questions: _____

5. What could we have done to be more responsive to your legal needs? _____

6. Do you have any suggestions on how we could improve our written and verbal communications (telephone calls, correspondence, personal meetings) with clients? _____

7. If there was one thing you could change about the legal process you were involved in, whether in our office or the legal system, what would it be? _____

8. What suggestions do you have for improving the way we charge for services and our billing process? _____

9. What suggestions do you have for improving the way our office staff assisted you? _____

10. What additional services could we offer to make your legal representation more complete? _____

The questionnaire is anonymous unless you chose to include your name here:

Thank you for taking the time to complete this questionnaire! Please use the attached envelope to return the completed questionnaire to my office. It was our privilege to represent you. Please let us know when we can be of service to you in the future.