

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  $\checkmark$  appropriate box)

- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) For Sale By Owner

What is your opinion on the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Professionalism + Promptness of  
many returning calls

How could we improve our service? \_\_\_\_\_

Do you feel you could have handled your case as well without an attorney?

Yes  No

Would you ask our firm to handle another case for you?

Yes  No

Would you refer a friend to our firm?

Yes  No

May we include your comments (we will use your first name only) in our marketing materials?

Yes  No

Optional:

Name

Kari

Thank you for taking the time to complete our questionnaire.  
Please feel free to call our office any time we can be of service to you.