

CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name _____
- Know attorney or staff member personally. Name _____
- Other (please explain) _____

Why did you select our firm?

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

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? Very personable - I would refer you to friends and family any day. - very reasonably priced

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 GINNA E ROBERTI 


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.