

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 <i>very prompt!</i>	<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 knowledgeable & clearly explained everything to me

How could we improve our service? nothing

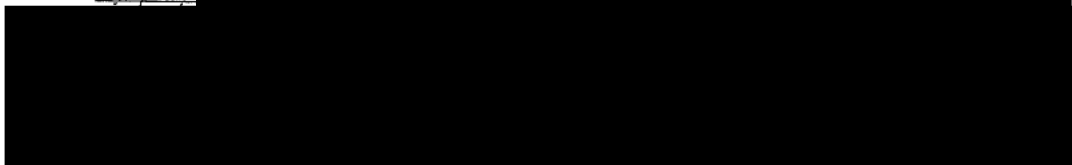
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 Kay



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.

Charles

### 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 \_\_\_\_\_
- 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) PERSONAL RELATIONSHIP WITH STAFF MEMBER OF  
"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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? BELIEVE CHARLES SEGAL IS A FINE  
YOUNG ATTORNEY, THAT HE IS KNOWLEDGEABLE AND THAT HE IS  
CONCERNED AND VERY COURTEOUS.

- 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

Optional: Name CLARENCE 

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.

# 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) \_\_\_\_\_

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? Everything was handled quickly and in a professional manner.

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 Deb 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) A friend had had a good experience:

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 type="checkbox"/>	<input checked="" 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? Charles was just a nice person to deal with and gave us some very good advise.

How could we improve our service? I honestly can't think of a thing!

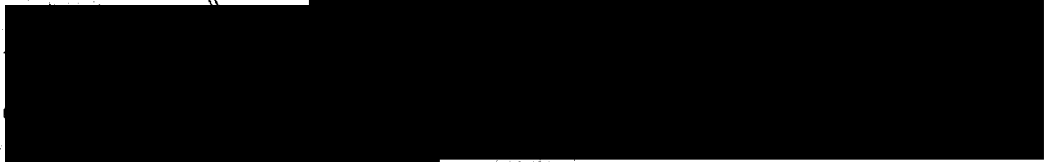
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 Margaret



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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation *RECOMMEND F.S.B.O STAFF*
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

What is your opinion on the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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? TAKES A LOT OF UNCERTAINTY OUT OF  
FOR SOME BY OWNERS SCENARIO, ESPECIALLY WHEN DEALING WITH AGENT

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 Eric [REDACTED]

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.

# 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

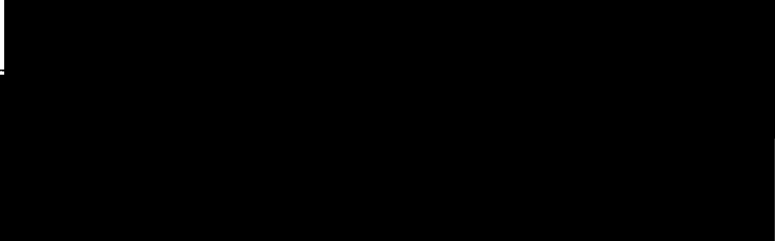
What is your opinion on the following?

	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  
Barry 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.

# 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Promptness - Professional

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?

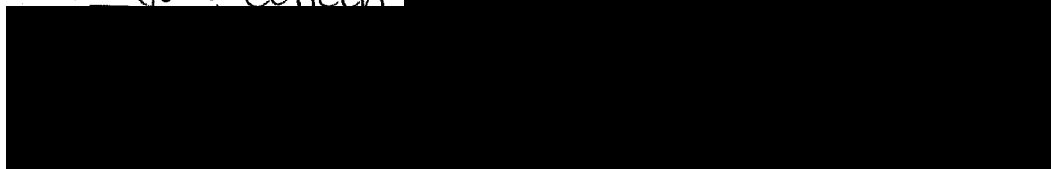
Yes  No

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

Yes  No

Optional:

Name Joe & Colleen 



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.

# 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?

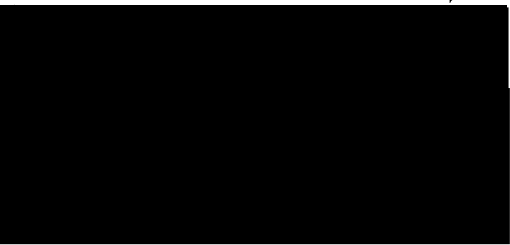
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) COST

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 GINNVA 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.

# 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?

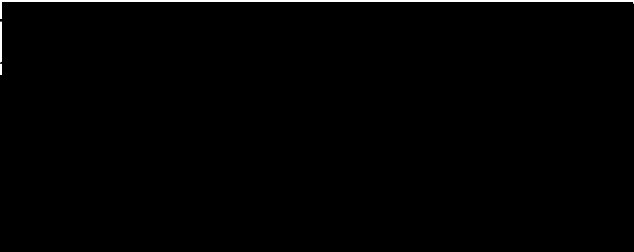
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) FOR SALE BY OWNED AFFILIATOR

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Prompt & Professional

How could we improve our service? NO Suggestion

- 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 ROD & PAT 

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) We attended a FSBO seminar & were impressed with their knowledge.

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? The 24-hr phone # & the quick response we received whenever we called.

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 Barb & Emmett

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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"/>
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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? Charles explained everything very clearly and made a stressful event like a closing very comfortable

How could we improve our service? everything was great!

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? House closing  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 Tim & Jane 

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.

## 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 \_\_\_\_\_  
 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) \_\_\_\_\_

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? Appreciated how care was given to what might be considered a simple, ordinary service... Selling a House. Thank you!

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 Ken [REDACTED]

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Recommended by FSBO

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? Every thing went smoothly & professionally. Your service was good value for the money.

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 Allen 

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?


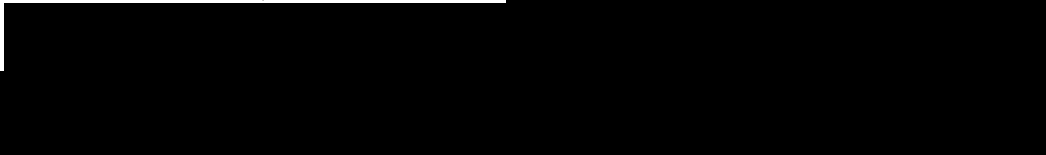
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) PART OF FOR SALE BY OWNER PACKAGE

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? EASY ACCESS - QUICK RESPONSE

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 ROBERT   


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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) ESRD- Purchase Agreement & Closing Assistance  
IN Their Brochure

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? To the point - everything  
in order on closing

How could we improve our service? OK by us

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 James & Maria

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.

# 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 \_\_\_\_\_
- 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) Referral

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 easy to contact - made our closing simple

How could we improve our service? N/A - We're very satisfied!!

- 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 Susan and Jesse

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Kept me informed, allowed me to participate, worked on my case right up to the closing on house.

How could we improve our service? I've never been happier. Also both attorneys new the case, felt comfortable with both handling house closing.

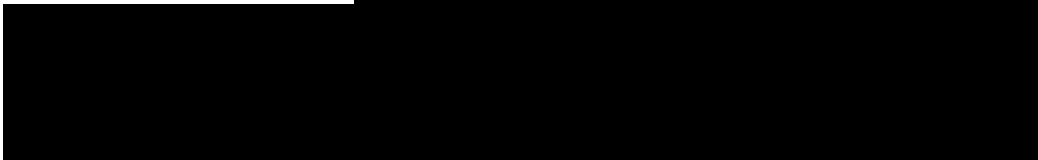
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 Leore



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.

*Thank You Very Much!*

# 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 \_\_\_\_\_
- 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) FELT COMFORTABLE AFTER ATTENDING YOUR SEMINAR

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? YOU ARE THOROUGH, PROMPT, EXPERT AND EXCEPTIONALLY AVAILABLE. I FELT AT EASE USING YOUR FIRM.

How could we improve our service? MAYBE SPEAK A LITTLE MORE SLOWLY.

- 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 STEVE 

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.

*THANK YOU BARRY. YOU DID A GREAT JOB!*  
*[Signature]*

# 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) Recommended by FSBOS

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? Always returned phone 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

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

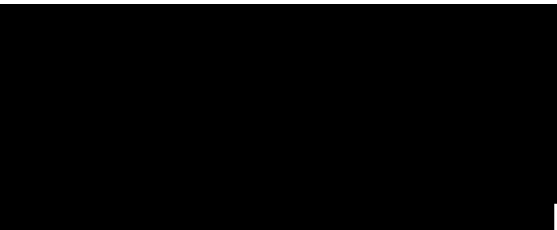
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) referral

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? Great responsiveness

How could we improve our service? N/A

- 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 David & Francie 

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.



# 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 \_\_\_\_\_
- 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) about referred

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? quick & easy  
really did it all for us

How could we improve our service? Thank you!

- 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 Jennifer 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- 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) same as above

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? Charles explained everything to me at my closing thoroughly and he presented himself as concerned about me and the matter he was representing me on.

How could we improve our service? Service was great!

- 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 Kelly 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- 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) \_\_\_\_\_

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? Amazingly prompt response to questions & concerns.  
Very courteous & helpful in guidance thru this complicated process

How could we improve our service? Perhaps a little more efficient instruction in dealing with business cards

- 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

*We were so pleased with service that we would be glad to endorse you.*  
*You are welcome to call me for further discussion.*

Optional: Name \_\_\_\_\_ 952-941-6855

Donald

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) FSBO seminar was very positive

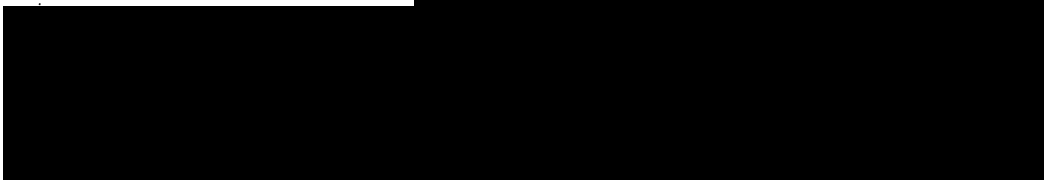
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? The expeditious nature of the whole process. The law firm appeared very organized.

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 Kristina 



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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: **Charles Segal**

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

- 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) Needed real estate attorney for "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? Everything was clearly explained, response time & document preparation fast & efficient and I really appreciated how quickly my phone calls were returned.

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

- Do you feel you could have handled your case as well without an attorney? *but not easily* →  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 Paula 

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) provided the service I was looking for

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? Made a real estate FSBO very easy

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? EASY, nothing to worry about.

All was magically taken care of

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

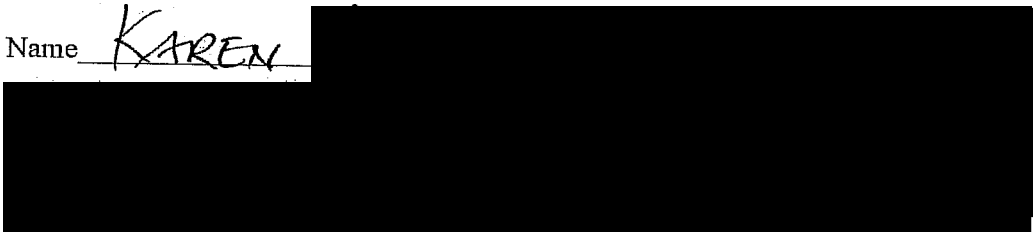
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 KAREN



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.

# CLIENT SERVICE QUESTIONNAIRE

~~Attorney: Charles Segal~~

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

- 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) \_\_\_\_\_
- Did a terrific job at closing. It went smoothly + in 30 minutes!*
- For Sale by Owner Shoppe*

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? *Always returned phone calls, personable, knowledgeable + excellent service.*

How could we improve our service? *Have Barry move to Illinois!*

- 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 DAVID / Pamela

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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

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? Straight forward, upfront, no B.S.,  
easy, quick + friendly + extremely competent!

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:



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.

*Charles was perfect!*  
*Thanks*  
*Wanda*



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

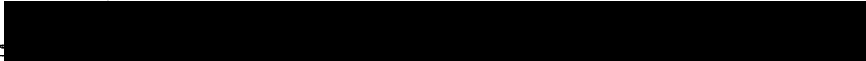

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) Paul + Paula's recommendation

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 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 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? You only charged us once for legal fees even though the closings were almost 2<sup>1/2</sup> years apart.

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 de   


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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Attorney explained process, returned calls promptly, took care of all the details


How could we improve our service? ? every thing went smoothly

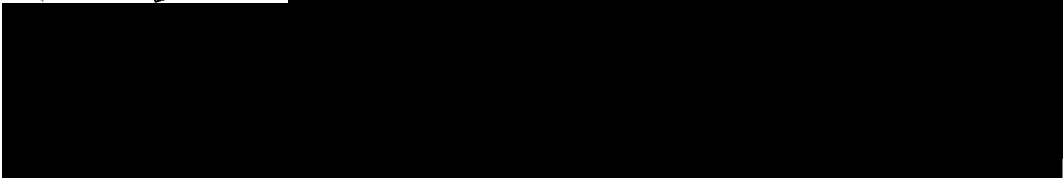
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 Solter 



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.

# 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?


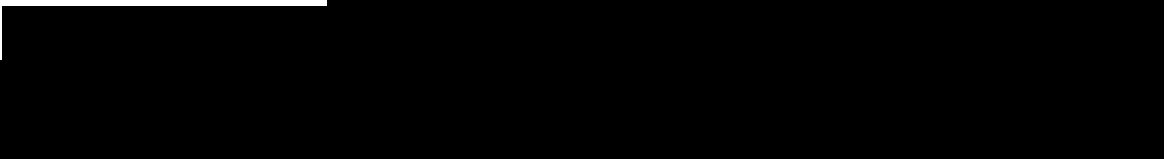
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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 professional and well organized

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 Monica   


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.

# 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 \_\_\_\_\_
- 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) REFERRAL

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? I DIDN'T HAVE TO DO MUCH OF THE WORK!

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 GARY [REDACTED]  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? My husband + I both really appreciated the quick response to all our phone 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 Shawn + Djuana [REDACTED]

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.

# 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 \_\_\_\_\_
- 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) referral

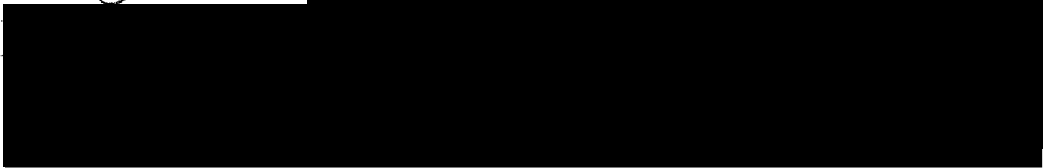
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? I didn't have to worry about the details.

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 Suzanne [REDACTED]



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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? Open - Friendly yet to the point. Good follow up.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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 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? \_\_\_\_\_

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 David

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

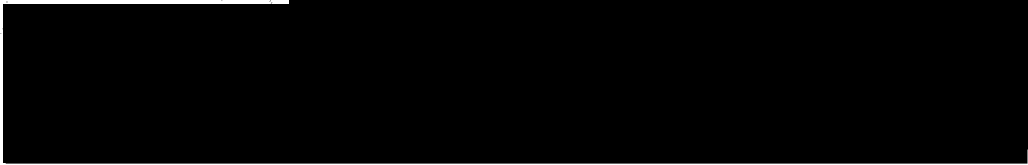
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? Easy

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? only because we've moved to NY  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 Lynn 



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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? that you returned calls almost immediately or no later than 24 hrs & concerned about saving client money!  
Also, you were very thorough & knowledgeable.

How could we improve our service? Have a more central location or additional location

- 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 Renee 

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.

Thanks Barry!

# 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) advertisement

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? \_\_\_\_\_

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 R. 

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.

*Thank You*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) <sup>previous</sup> owners of new home used firm for their sale (prepared documents)

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? \_\_\_\_\_

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

- Do you feel you could have handled your case as well without an attorney? *n/a*  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 Robert 

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) BARRY RETURNED MY CALL PROMPTLY + PROFESSIONALLY.

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? Returned phone calls - what a concept.

How could we improve our service? Painless, keep up the good work

- 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 Kelly [REDACTED]

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

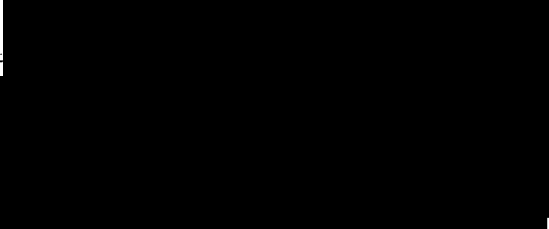
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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? promptness

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 Brad + Carol 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? easy & convenient

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

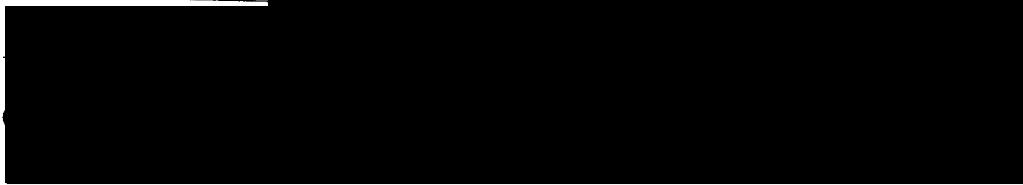
Would you refer a friend to our firm?

Yes  No

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

Yes  No

Optional: Name Susan



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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Convenient Package thru F.S.B.O.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Price & Convenience

How could we improve our service? I thought it was great, especially closing checklist

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) AVAILABILITY ONLY W- EARS TOO

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? THE RESPONSE TO PHONE CALLS, THE DEPTH OF KNOWLEDGE, THE EASY PROCESS

How could we improve our service? FIVE CHARCS A RAISE!

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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

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"/>
Amount of attorney fees	<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"/>

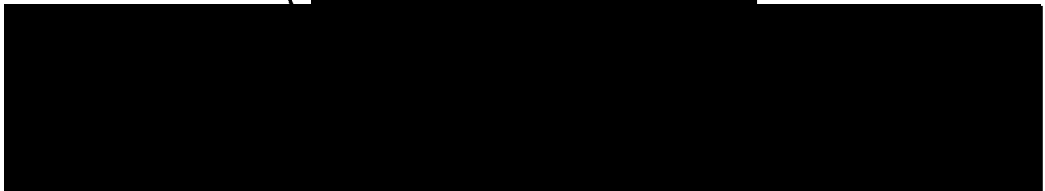
Any Additional comments or suggestions? Initial interview was quick, to the point, and informal. I left with a feeling of confidence that all of the details of closing would be taken care of - and they were! I was notified in writing - timely - of the change in closing date, and what would be needed at closing. The closing was very smooth. Thanks to your firm.\*

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

Optional: Name Phillip



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.

\*Barry S. ...

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? RESPONSIVENESS, PRICE

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 BRIAN

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.

# 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) \_\_\_\_\_

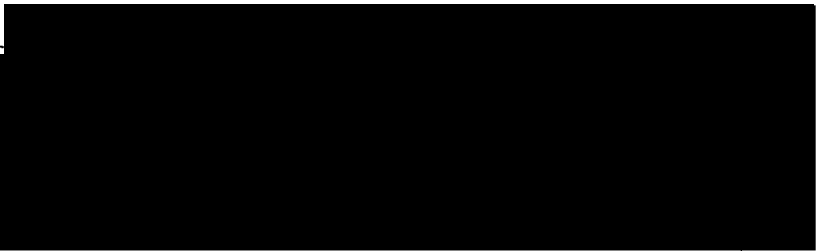
Why did you select our firm?

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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thank you ~~was~~ very much  
For The Help you gave me

- 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

Optional: Name CHRIS 

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.

# CLIENT SERVICE QUESTION

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

Optional: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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

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

Any Additional comments or suggestions? \_\_\_\_\_

A pleasure working with you.

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name John [REDACTED]

[REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry was very helpful in pulling things together at the end when needed.

- 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

Optional: Name Elling [REDACTED]

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.



# 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) Barry went out of his way to meet me at my place of work + discuss my case.

What is your opinion on the following?

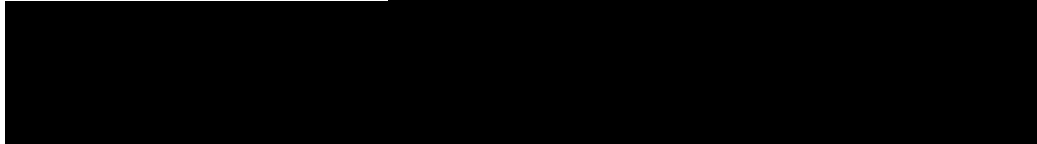
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location <i>n/a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 <i>n/a</i>	<input 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions?

I will highly recommend Barry to others in need. He understands the system, has great communication skills w/ the client as well as the prosecutors + understands that not everyone is a millionaire & can afford things up front - he makes his service affordable. That's a plus!!

- 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

Optional: Name Dawn



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.

# 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Would like to thank  
Mr. Rosenzweig very much.

- 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

Optional: Name Dustin + Richard

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation  $\checkmark$
- Personal/business relationship with attorney or staff member
- Other (please explain) Same above

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

Any Additional comments or suggestions? \_\_\_\_\_

Great working with you Barry!

- 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

Optional: Name Tom + BETH [REDACTED]

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

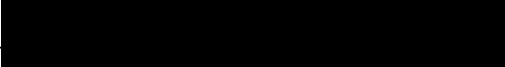
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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"/>
Amount of attorney fees	<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"/>


Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name CLEM R + ZOE ANN 



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.

# 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

Optional: Name SEAN 

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

BARKS of SHASTA - THANK YOU SO MUCH FOR THE HELP  
IN CLOSING OUR HOUSE. I LOOK FORWARD TO WORKING WITH  
YOU AGAIN IN THE FUTURE / S SHAWN

- 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

Optional: Name SHAWN [REDACTED]

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thanks, Barry.  
We appreciated your help  
very much! Take care

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

Optional:

Name

Daniel Harris

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name EDWARD 

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.



# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name SouP

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.

## 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thank you very much for your excellent representation. I will be glad to pass your name on to my friends & associates.

- 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

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.

## 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) Price Seemed Reasonable. Liked the "Bullets" used to identify your services.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I feel Barry was an exceptional attorney for the services which were required for our transaction. I highly recommend him in any real estate transaction. Barry also promptly returned our phone calls, which was helpful to our state of mind. He appears to have really cared.

- 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

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.

*The Kyas,  
Marty*

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

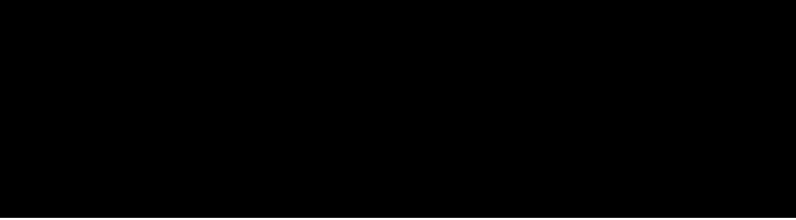
Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? WE FELT CONFIDENT KNOWING  
THAT A COMPETENT ATTORNEY WAS HANDLING THE  
LEGAL MATTERS

- 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

Optional: Name STEVE 

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? *Realtor tried to scare us with the difficulties we would encounter in closing this sale — you made it easy and I will recommend your services to anyone who is interested*

- 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

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.

↓  
[Redacted Signature]

*P.S: We would be happy to provide testimonials*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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"/>

Any Additional comments or suggestions? I was very satisfied with Mr. Rosenzweig, even if I didn't meet him until the time of closing

- 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

Optional: Name Stella [REDACTED]

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.

# 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I just want to thank you for your prompt, efficient service throughout my real-estate transaction. It was greatly appreciated, and I would recommend your services to others!

- 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

Optional: Name ROBERTA



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.

## 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

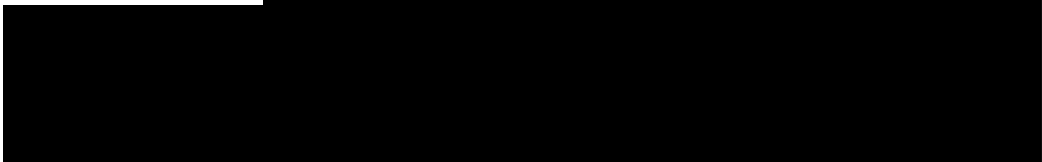
What did you like best about our service? No hassels -

The attorney that did our closing was great!

How could we improve our service? Let us know that others will work on my case.

- 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 Elaine



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.



# 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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Knowledgeable in Real Estate, friendly  
+ personable - not what I would have expected from an attorney

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Getting through to attorney on phone  
Attorney met with me when I wanted.

How could we improve our service? Just a little more concerned.

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

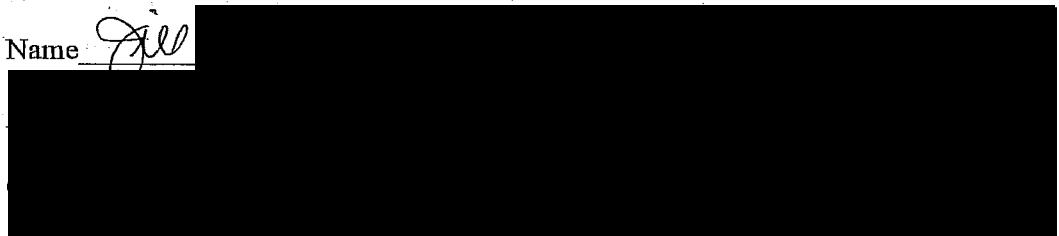
What did you like best about our service?

Follow up was prompt from Barry - answered questions well.

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 Jill



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.

# 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) SPECIALIZED IN FRSO TRANSACTIONS, CONVENIENCE, COST, + AVAILABILITY

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? QUICK AND EASY TO USE. READILY AVAILABLE WHEN I NEEDED. WERE VERY THOROUGH IN EXPLAINING THE PURCHASE AGREEMENT.

How could we improve our service? UNDERSTANDABLY (DUE TO CHARLES' WEDDING) COMMUNICATION SLOWED AS WE NEARED THE CLOSING. THANKFULLY, YOU WERE ON TOP OF THINGS AND MR

- 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

*ROSENZWE  
ATTENDEE  
OUR CLOS  
IN YOU  
PLACE*

Optional: Name GREG [REDACTED]

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.

# 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 \_\_\_\_\_
- 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) The price was right for what we needed to get done, and Barry came with a good reference.

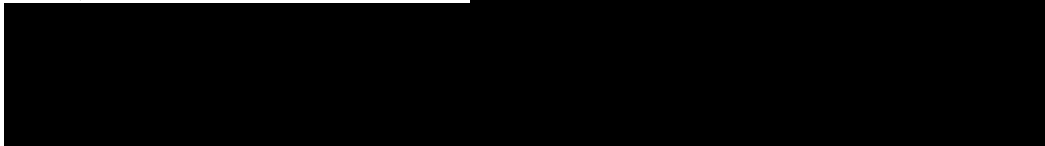
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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 type="checkbox"/>	<input checked="" 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? Barry was always available to talk to me when I called.

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 Ann & Tim



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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?


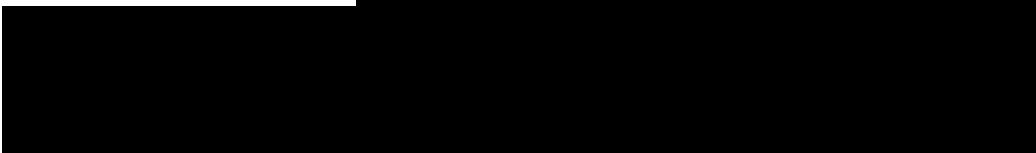
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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? Getting phone calls returned is very important to me, and you are very good at that

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 Jason   


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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_


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?

*Charles did vs Barry due to sched conflict which was 100% OK!*

How could we improve our service? *Keep it pers & prof as you now have it.*

- 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? *Have done so many times.*  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name Elling & Monica 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: **Charles Segal**

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?

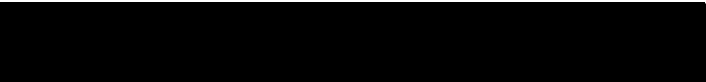
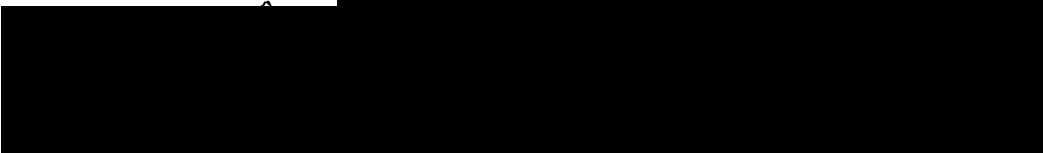
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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? It was very informed about the circumstances regarding my case & everyone was very courteous.

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 Simon   


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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- 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) \_\_\_\_\_

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? Charles, I liked the fact that you were always straight to the point and very business like. You were very professional. Thank you

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 Jane & Martez

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? getting through to you and having my calls promptly returned. Very professional

How could we improve our service? Very satisfied

- 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 Annette 

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) Good experience last time. Suggested by Jrs Sale By Owner Co

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? Friendly & professional service.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) pure luck

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? kindness, thoughtfulness,  
Courtesy, knowledge

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

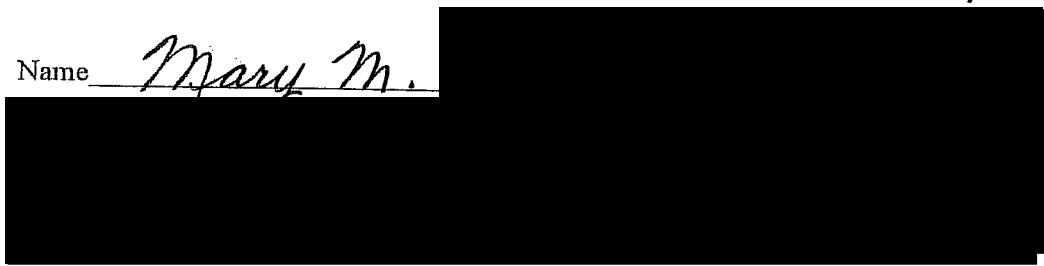
Do you feel you could have handled your case as well without an attorney?  Yes  No

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 Mary M.



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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- 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) \_\_\_\_\_

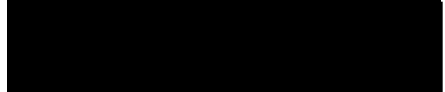
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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 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"/>

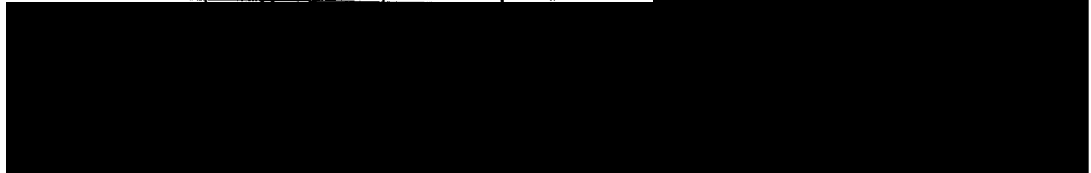
*unbelievable*

What did you like best about our service?  
*I liked Charles*

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 *Cindy + Bob* 



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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) REFERRAL BY FSBO + RECOMENDATION FROM  
MANLY ZIMMERMAN

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Thank you for your professional + personal service. Your timely responses were much appreciated.

How could we improve our service? Can't think of a thing!

- 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 Corinne

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: **Charles Segal**

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) FSBO SHOPPE

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? I LIKED THE IDEA THAT CHARLES WAS ON CALL 24,7 WE COULD GET A HOLD OF HIM ALWAYS

How could we improve our service? DONT ASKED TO

- 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 Maui & Kim 

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) Selling home on our own. You appeared to support that  
*(Rosenzweig was a Jewish name. That helped our confidence level.)*

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? I know you do a lot of these so I had no question as to your competence. But you treated our case as if it was your most important one. Mr. Segal explained everything to me up front, and made sure I understood.

How could we improve our service? It's very good as is.

- You made it much easier for us.
- 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 I, Michael & Patricia



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

# CLIENT SERVICE QUESTIONNAIRE

Attorney: **Charles Segal**

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) FSBO SHARPE TIE TO FIRM

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? EFFICIENT, COMPETENT

HELP - NO B.S. - CHARLES SHINED when faced with less knowledgeable attorney

How could we improve our service? ? Hired by my Buyer.

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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? Professional Service

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

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

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

Why did you select our firm?

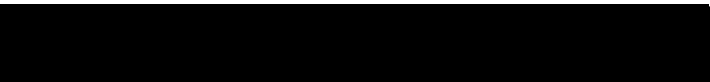
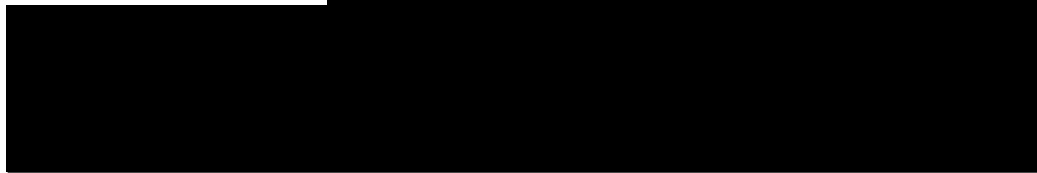
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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? Charles was professional, informative, courteous, and well dressed!

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 Susan   


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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) For Sale By owner speciality

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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 Professional, great customer service, returned phone calls promptly and prepared.

How could we improve our service? n/a Thanks Charles!

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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? Charles was very nice + made everything very easy for me

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

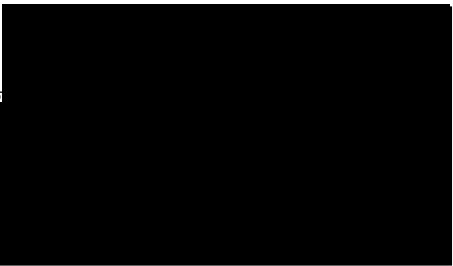
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) referral

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

What did you like best about our service? Very professional and had everything in order

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 Todd & Diann 

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? It was simple and helpful

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

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) see above

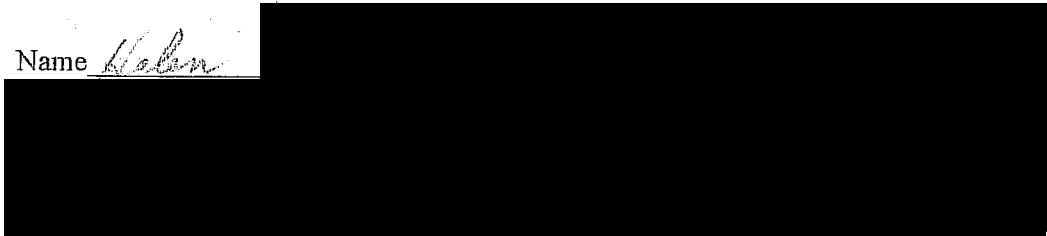
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? Every thing

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 Helen



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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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? WORKING WITH Charles, he was very patient and he made me feel completely comfortable through out the whole process.

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 Judy

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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?

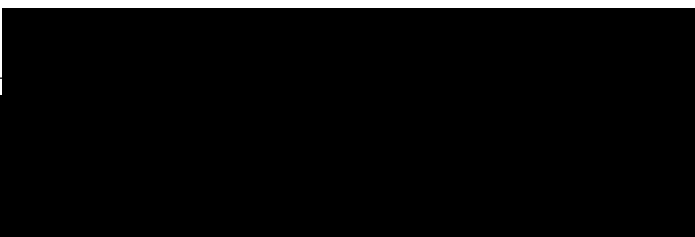
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) fair price & know many others who used this firm

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? excellent customer service and follow through.

How could we improve our service? nothing that I could see

- 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 Heather 

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Recommended by FSBO

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? Every thing went smoothly & professionally. Your service was good value for the money.

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 Allen

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) PART OF FOR SALE BY OWNER PACKAGE

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? EASY ACCESS - QUICK RESPONSE

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 ROBERT

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) ESRD - Purchase Agreement & Closing Assistance  
IN THEIR BROCHURE

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? To the point - everything in order on closing

How could we improve our service? OK by us

- 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 James & Maria

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral

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 easy to contact - made our closing simple

How could we improve our service? N/A - We're very satisfied !!

- 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 Susan and Jesse

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Kept me informed, allowed me to participate, worked on my case right up to the closing on house

How could we improve our service? I've never been happier. Also both attorneys new the case, felt comfortable with both handling house closing

- 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 Leore

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.

*Thank You Very Much*



# 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 \_\_\_\_\_
- 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) FELT COMFORTABLE AFTER ATTENDING YOUR SEMINAR

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? YOU ARE THOROUGH, PROMPT, EXPERT AND EXCEPTIONALLY AVAILABLE. I FELT AT EASE USING YOUR FIRM.

How could we improve our service? MAYBE SPEAK A LITTLE MORE SLOWLY.

- 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 STEVE

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.

*THANK YOU BARRY. YOU DID A GREAT JOB!*

# 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) Recommended by FSBOS

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? Always returned phone 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

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.

# 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 \_\_\_\_\_
- 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) referral

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? Great responsiveness

How could we improve our service? N/A

- 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 David & Francie

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) same as above

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? Charles explained everything to me at my closing thoroughly and he presented himself as concerned about me and the matter he was representing me on.

How could we improve our service? Service was great!

- 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 Kelly

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.

# 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 \_\_\_\_\_
- 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) above referred

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? quick & easy  
really did it all for us

How could we improve our service? Thank you!

- 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 Jennifer

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- 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) \_\_\_\_\_

What is your opinion on the following?	<u>Very Satisfied</u>	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? Amazingly prompt response to questions & concerns.  
Very courteous & helpful in guidance thru this complicated process

How could we improve our service? Perhaps a little more efficient instruction in dealing with business.

- 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

*We were so pleased with service that we would be glad to endorse you. You are welcome to call me for further discussion.*

Optional: Name \_\_\_\_\_

Address Donald \_\_\_\_\_

City [Redacted] Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) FSBO Seminar was very positive

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? The expeditious nature of the whole process. The law firm appeared very organized.

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 Kristina

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- 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) Needed real estate attorney for "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? Everything was clearly explained, response time & document preparation fast & efficient and I really appreciate how quickly my phone calls were returned.

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

- Do you feel you could have handled your case as well without an attorney? *but not easily* →  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 PAULA McDOUGALL

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) provided the service I was looking for

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

What did you like best about our service? Made a real estate FSBO Very easy

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? EASY, nothing to worry about.

All was magically taken care of

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 KAREN

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.

# CLIENT SERVICE QUESTIONNAIRE

~~Attorney: Charles Segal~~

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

- 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) \_\_\_\_\_

*Did a terrific job at closing. It went smoothly + in 30 minutes!*

*For Sale by Owner Shoppe*

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? *Always returned phone calls, personable, knowledgeable + excellent service.*

How could we improve our service? *Have Barry move to Illinois!*

- 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 DAVID / Pamela

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Paul + Paula's recommendation

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 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 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? You only charged us once for legal fees even though the closings were almost 2<sup>1/2</sup> years apart.

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:

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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

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? Straight forward, up front, no B.S.,  
easy, quick + friendly + extremely competent!

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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

*Charles was perfect!  
Thanks,  
Lucia*

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Attorney explained process, returned calls promptly, took care of all the details

How could we improve our service? every thing went smoothly

- 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 John

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.

# 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) \_\_\_\_\_

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 professional and well organized

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 Monica

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) \_\_\_\_\_
- See Above*

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<i>N.A.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<i>N.A.</i>	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Charles is a great up's*

*Comer in the Industry.*

- 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

Optional: Name Kamrowski

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? CHARLES WAS DIRECT & FORCEFUL WHEN I NEEDED HIM TO BE (AT CLOSING) THAT'S WHAT I PAY FOR! HE WAS GREAT!

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

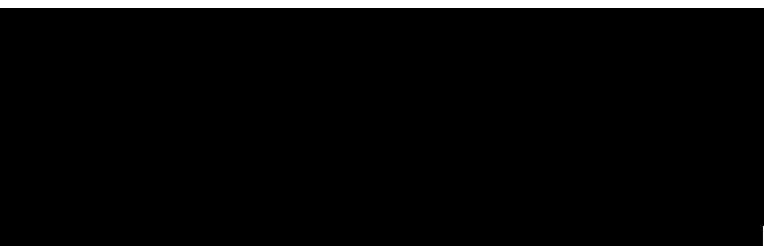
Yes  No

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

Yes  No

Would you refer a friend to our firm?

Yes  No

Optional: Name DANA 

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.

Charles

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Charles I want to thank you for seeing me thru the closing procedure of my home. I felt completely at ease. Thank you Julie Hanson*

- 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

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

**Attorney: Barry Rosenzweig**

How were you referred to our firm? (Please - √ appropriate box)

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED]

Why did you select our firm?

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

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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? QUICK RESPONSE. STRAIGHT FORWARD ANSWERS

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 STEPHEN [REDACTED]

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.

Catalin [REDACTED]

---

March 10, 2005

Charles R. Segal  
Rosenzweig Law Office  
Southdale Office Center  
Suite 640  
6600 France Avenue S.  
Edina, MN 55435

Dear Charles:

My husband and I wish to thank you for all your help. We felt more secure having you represented us. It is a great feeling to own a house.

Enclosed please find the completed evaluation questionnaire. Your services were excellent and my husband wanted to emphasize this by marking some of your questions with exclamation points.

Best regards.

Sincerely,

  
Isabella [REDACTED]

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referral

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? \_\_\_\_\_

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 CATALIN & ISABELLA [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone.
- Firm advertisement or brochure.
- Know attorney or staff member personally.
- Other (please explain)

Name \_\_\_\_\_  
 Where? \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_

Why did you select our firm?

- Convenient location.
- Firm/Attorney reputation.
- Other (please explain)

Previous work

	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 type="checkbox"/>	<input checked="" 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"/>
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? Knowing that our work was in capable, experienced hands. I only needed to briefly review our needs & Barry was able to take on the whole closing from there - no further instruction.

How could we improve our service? It is excellent.

- 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 Joel [REDACTED]

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone.
- Firm advertisement or brochure.
- Know attorney or staff member personally.
- Other (please explain)

Name [REDACTED]  
 Where? \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_

Why did you select our firm?

- Convenient location.
- Firm/Attorney reputation.
- Other (please explain)

\_\_\_\_\_

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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 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? BARRY WAS THERE ON A MOMENTS  
NOTICE TO MAKE SURE THE CLOSING WAS EXECUTED PROPERLY.

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 AL [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: *Barry*  
 Charles Segal

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Low maintenance

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 [REDACTED]  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone.
- Firm advertisement or brochure.
- Know attorney or staff member personally.
- Other (please explain)  $\longrightarrow$

Name [REDACTED]  
 Where? \_\_\_\_\_  
 Name \_\_\_\_\_  
PREVIOUS SALE OF HOME

Why did you select our firm?

- Convenient location.
- Firm/Attorney reputation.
- Other (please explain)

EXTREMELY SATISFIED WITH PREVIOUS EXPERIENCE

	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"/>
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? BARRY DOES EXTREMELY WELL WITH EXPLAINING

ALL THE OPTIONS + ISSUES TO BE CONCERNED WITH WHEN SELLING OUR HOME. HE PRESENTS SOLUTIONS + LET US DECIDE HOW WE WANTED TO PROCEED

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 BRENNEN [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? CHARLES WAS DIRECT & FORCEFUL WHEN I NEEDED HIM TO BE (AT CLOSING) THAT'S WHAT I PAY FOR! HE WAS GREAT!

- 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

Optional: Name DANA

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.

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Charles, I want to thank you for seeing me thru the closing procedure of my home. I felt completely at ease. Thank you. Julio Hanson*

- 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

Optional: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) \_\_\_\_\_
- See Above*

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<i>N.A.</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<i>N.A.</i> <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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Charles is a great up's  
Comer in the Industry.*

- 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

Optional: Name [REDACTED] \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Charles

### 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I was very pleased with Mr. Segal's Openness and his honesty. He would come highly recommended by me.

- 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

Optional: Name Scott

# 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) \_\_\_\_\_

Nice job!  
BHW

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Charles moved proceedings along quickly in Court & HAD  
my BEST INTEREST IN MIND. Great Job of Plea Bargaining  
with Judge. THANKS!

- 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

Optional: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Charles

### 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 \_\_\_\_\_
- 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) PERSONAL RELATIONSHIP WITH STAFF MEMBER OF  
"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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? BELIEVE CHARLES SEGAL IS A FINE  
YOUNG ATTORNEY, THAT HE IS KNOWLEDGEABLE AND THAT HE IS  
CONCERNED AND VERY COURTEOUS.

- 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

Optional: Name CLARENCE

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 <i>very prompt!</i>	<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 knowledgeable & clearly explained everything to me

How could we improve our service? nothing

- 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 Kay \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) A friend had had a good experience:

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 type="checkbox"/>	<input checked="" 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? Charles was just a nice person to deal with and gave us some very good advise.

How could we improve our service? I honestly can't think of a thing!

- 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 Margaret

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.

# 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) \_\_\_\_\_

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? Everything was handled quickly and in a professional manner.

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 Deb

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation *RECOMMEND F.S.B.O SHOP*
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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? *TAKES A LOT OF UNCERTAINTY OUT OF*

*FOR THE BY OWNED SCENARIO, ESPECIALLY WHEN DEALING WITH AGENT*

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 *Eric* \_\_\_\_\_

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.

# 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*  
*Barry 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.

# 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Promptness - Professional

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 Joe & Colleen

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.

## 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 GINNVA E ROBERTI

## 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) FOR SALE BY OWNER AFFILIATOR

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Prompt & Professional

How could we improve our service? NO Suggestion

- 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 ROD & PAT

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) We attended a FSBO seminar & were impressed with their knowledge

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? The 24-hour phone # & the quick response we received whenever we called.

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 Barb & Emmett

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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? Charles explained everything very clearly and made a stressful event like a closing very comfortable

How could we improve our service? everything was great!

- 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? House closing  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 Tim & Jane

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.

## 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 \_\_\_\_\_  
 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) \_\_\_\_\_

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? Appreciated how care was given to what might be considered a simple, ordinary service... Selling a House. Thank you!

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 Ken  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) REFERRAL

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? I DIDN'T HAVE TO DO MUCH OF THE WORK!

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 GARY

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? My husband + I both really appreciated the quick response to all our phone 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 Shawn + Djuana

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.

# 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 \_\_\_\_\_  
 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) referral

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? I didn't have to worry about the details

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 Suzanne

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? Open - Friendly  
yet to the point. Good follow up.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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 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? \_\_\_\_\_

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 David

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? that you returned calls almost immediately or no later than 24 hrs & concerned about saving client money!  
Also, you were very thorough & knowledgeable.

How could we improve our service? Have a more central location or additional location

- 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 Renee

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.

*Thanks Barry!*



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Easy

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? *only because we've moved to NY*  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 Lynn

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.

# 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) advertisement

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? \_\_\_\_\_

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:

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.

*Thank You*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) <sup>previous</sup> owners of new home used firm for their sale (prepared documents)

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? \_\_\_\_\_

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

Do you feel you could have handled your case as well without an attorney? *n/a*  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 Robert

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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? promptness

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 Brad + Carol

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) BARRY RETURNED my call promptly + Professionally.

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? Returned phone calls - what a concept.

How could we improve our service? Painless, keep up the good work

- 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 Kelly

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? easy & convenient

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 Susan

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Convenient Package thru F.S.B.O.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Price & Convenience

How could we improve our service? I thought it was great, especially closing checklist

- 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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) AVAILABILITY ON W-EARNS TOO

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? THE RESPONSE TO PHONE CALLS,  
THE DEPTH OF KNOWLEDGE, THE EASY PROCESS

How could we improve our service? GIVE CHARLES A RAISE!

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Initial interview was quick, to the point, and informal. I left with a feeling of confidence that all of the details of closing would be taken care of - and they were! I was notified in writing - timely - of the change in closing date, and what would be needed at closing. The closing was very smooth. Thanks to your firm.\*

- 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

Optional: Name Phillip

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? RESPONSIVENESS, PRICES

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 BRIAN

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.

# 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thank you ~~was~~ very much  
For The Help you gave me

- 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

Optional: Name Chris

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.

# CLIENT SERVICE QUESTION

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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

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

Any Additional comments or suggestions? \_\_\_\_\_

A pleasure working with you.

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

Optional: Name John

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.

## 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry was very helpful  
in pulling things together at the end when needed.

- 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

Optional: Name Ellina

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.

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) Barry went out of his way to meet me at my place of work + discuss my case.

What is your opinion on the following? Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

Convenience of office location	N/A	<input 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	N/A	<input 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"/>
Amount of attorney fees		<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"/>

Any Additional comments or suggestions? I will highly recommend Barry to others in need. He understands the system, has great communication skills w/ the client as well as the prosecutors + understands

that not everyone is a millionaire & can afford things up front - he makes his service affordable + that's a plus!

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

Optional: Name DAWN

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.

## 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Would like to thank  
Mr. Rosenzweig very much.

- 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

Optional: Name Dustin

Richard

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.



# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

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

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

Any Additional comments or suggestions? \_\_\_\_\_

Great working with you Barry!

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

Optional: Name Tom & Beth

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.

# 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

Optional: Name SEAN

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) REFERRAL BY FSBO + RECOMENDATION FROM  
MANLY ZIMMERMAN

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Thank you for your professional + personal service. Your timely responses were much appreciated.

How could we improve our service? Can't think of a thing!

- 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 Corinne

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) FSBO SHOPPE

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? I LIKED THE IDEA THAT CHARLES WAS ON CALL 24,7 WE COULD GET A HOLD OF HIM ALWAYS

How could we improve our service? DONT NEED TO

- 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 Maui & Kim

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) Selling home on our own. You appeared to support that  
(Rosenzweig was a Jewish name. That helped our confidence level.)

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? I know you do a lot of these so I had no question as to your competence. But you treated our case as if it was your most important one. Mr. Segal explained everything to me up front, and made sure I understood.

How could we improve our service? It's very good as is.

- You made it much easier for us.
- 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 I Michael & Patricia

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

How were you referred to our firm? (Please check 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) \_\_\_\_\_

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? Professional Service

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

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) FSBO SHAPPE TIE TO FIRM

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? EFFICIENT, COMPETENT

HELP - NO B.S. - CHARLES SIGNED WITH FRED WITH LESS KNOWLEDGEABLE ATTORNEY Hired by my Buyer.

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) For Sale By owner speciality

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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 Professional, great customer service, returned phone calls promptly and prepared.  $\mu$

How could we improve our service? n/a Thanks Charles!

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_  
 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) \_\_\_\_\_

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? Charles was professional, informative, courteous, and well dressed!

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 Susan

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referral

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

What did you like best about our service? Very professional and had everything in order

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 Todd & Diann

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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? Charles was very nice + made everything very easy for me

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) see above

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? Every thing

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 Walen

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? It was simple and helpful

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) fair price + know many others who used this firm

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? excellent customer service and follow through.

How could we improve our service? nothing that I could see

- 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 Heather

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.

# 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 \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location  
 Firm/Attorney reputation  
 Personal/business relationship with attorney or staff member

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? working with Charles, he was very patient and he made me feel completely comfortable through out the whole process.

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 Judy

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.



# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) Informative Seminars

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 informative - Good attitude

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 Josh

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) associated w/ PSBO shoppe

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 type="checkbox"/>	<input checked="" 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? convenient, easy, straight-forward and quick

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

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) referred by For Sale By Owner Shoppe

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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? Handled everything on preparing for and at closing.

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 Tom & Faye  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) Mail advertisement

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? Convenient, personal, efficient

How could we improve our service? It was fine! Charles Segal is very pleasant + professional + efficient

- 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 Nancy

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? The fact that Charles called me back within a couple of hours after I left a voice mail

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) referred

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 type="checkbox"/>	<input checked="" 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? Knowledgeable and great sense of humor

How could we improve our service? website?

- 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 Rick

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral

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 type="checkbox"/>	<input checked="" 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? \_\_\_\_\_

*Direct and affordable and knowledgeable*

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 Lisa

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.

Chaly

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) FELT YOU WOULD HAVE GOOD HANDLE ON "FORSALE 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? NONE, THE SERVICE WA EXCELLENT

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- 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

Optional: Name GEORGE L. (DORIS)

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.



Chaly

### 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? EXTREMELY SATISFIED WITH  
HOW CHARLES HELPED US DURING THE CLOSING OF OUR HOME.  
EVERYTHING WAS EXTREMELY WELL PREPARED AND EASILY  
UNDERSTOOD. THANK CHARLES

- 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

Optional: Name MARTIN & MONICA

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.

Chaly

### 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 \_\_\_\_\_
- 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) Charles was highly recommended to me

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Charles always returned my phone calls and seemed to be just as concerned about my case as I did.

- 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

Optional: Name Nina

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.

Charles

### 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 \_\_\_\_\_
- 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) Result of discussion over phone w/ Barry

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? I was pleased with the overall level of service and courtesy afforded me by both Barry & Charles

- 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

Optional: Name CRATIC

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.

*Chab*

### CLIENT SERVICE QUESTIONNAIRE

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

- 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) referral from For Sale By Owner shoppe

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Thanks for everything and helping us get through the whole thing!*

- 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

Optional: Shawn + Mitch

*Charles*

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? VERY EASY SELLING OF OUR HOUSE  
NICE EXPERIENCE WITH CHARLES SEGAL

- 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

Optional: Name JAMES

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

Optional: Name CLEM + ZOE ANN

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.

## 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thanks, Barry.  
We appreciated your help  
very much! Take care

- 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

Optional: Name Paul & Karen

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

BARRY & SHASTA - THANK YOU SO MUCH FOR THE HELP  
IN CLOSING OUR HOUSE. I LOOK FORWARD TO WORKING WITH  
YOU AGAIN IN THE FUTURE / S. HALSON

- 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

Optional: Name SHALSON

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.



# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Optional:

Name Saul

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member \_\_\_\_\_

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"/>
Amount of attorney fees	<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 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name EDWARD

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? WE FELT CONFIDENT KNOWING  
THAT A COMPETENT ATTORNEY WAS HANDLING THE  
LEGAL MATTERS.

- 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

Optional: Name STEVE

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.

## 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) Pace Seemed Reasonable. Liked the "Bullets" used to identify your services.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I feel Barry Was an exceptional attorney for the services which were required for our transaction. I highly recommend him in any realstate transaction. Barry also promptly returned our phone calls, which was helpful to our state of mind. He appears to have really cared.

- 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

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.

*Th. Ryan,  
Marty of Jones*

# 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) \_\_\_\_\_

Nice job!

[Signature]

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Charles moved proceedings along quickly in Court & HAD my BEST interest in mind. Great Job of Plea Bargaining with Judge. THANKS!

- 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

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thank you very much for your excellent representation. I will be glad to pass your name on to my friends & associates.

- 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

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.

## 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

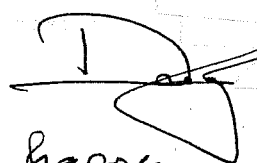
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Realtor tried to scare us with the difficulties we would encounter in closing this sale — you made it easy and I will recommend your services to anyone who is interested

- 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

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.



P.S: We would be happy to provide testimonials

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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"/>

Any Additional comments or suggestions? I was Very satisfied With Mr. Rosenzweig, even if I didn't meet him - until the time of closing

- 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

Optional: Name Stella

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.



# 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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I just want to thank you for your prompt, efficient service throughout my real-estate transaction. It was greatly appreciated, and I would recommend your services to others!

- 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

Optional: Name ROBERTA

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.

# 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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Knowledgeable in Real Estate, friendly  
& personable - not what I would have expected from an attorney

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? No hassels -

The attorney that did our closing was great!

How could we improve our service? Let us know that others will work on my case.

- 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 Elaine

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Getting through to attorney on phone  
Attorney met with me when I wanted.

How could we improve our service? Just a little more concerned.

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? \_\_\_\_\_

*Follow up was prompt from Barry - answered questions well.*

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 Ali

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.

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) SPECIALIZED IN FSI&O TRANSACTIONS, CONVENIENCE, COST, + AVAILABILITY

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? QUICK AND EASY TO USE. READILY AVAILABLE WHEN I NEEDED. WERE VERY THOROUGH IN EXPLAINING THE PURCHASE AGREEMENT.

How could we improve our service? UNDERSTANDABLY (DUE TO CHARLES' WEDDING), COMMUNICATION SLOWED AS WE NEARED THE CLOSING. THANKFULLY, YOU WERE ON TOP OF THINGS AND MR

- 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

*ROSENZW  
ATTENDE  
OUR CO  
IN YOU  
PLACE*

Optional: Name GREG

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.

# 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 \_\_\_\_\_
- 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) The price was right for what we needed to get done, and Barry came with a good reference.

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 type="checkbox"/>	<input checked="" 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? Barry was always available to talk to me when I called.

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 Ann & Tim

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Getting phone calls returned is very important to me, and you are very good at that

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 Jason

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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?

*Charles did vs Barry due to sched conflict which was 100% ok*

How could we improve our service? *Keep it pers & prof as you now have it.*

- 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? *Have done so many times.*  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name *Ellina & Monica*

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- 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) \_\_\_\_\_

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? Charles, I liked the fact that you were always straight to the point and very business like. You were very professional. Thank you

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 James + Martez

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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? cl was very informed about the circumstances regarding my case & everyone was very courteous.

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 Simon

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? getting through to you and having my calls promptly returned. Very professional

How could we improve our service? Very satisfied

- 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 Annette

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) Good experience last time. Suggested by 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? Friendly & professional service

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 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"/>

X unbelievable

What did you like best about our service? I liked Charles

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 Cindy + Bob

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

How were you referred to our firm? (Please ✓ 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) pure luck

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? kindness, thoughtfulness,  
Courtesy, knowledge

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 Mary

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.

*Charles*

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Charles did a great job!

I was confident that my best interest were being looked out for

- 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

Optional: Name Beth



*Charles*

# 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) Sold home using For Sale by Owner Shoppe

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Overall, we were very happy with using your firm to help in the process of closing on our home.

- 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

Optional: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Chab*

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) Recommended by Home 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Went up and beyond when facilitating us at closing to ensure our needs.

- 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

Optional: Name Steven & Mary

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Charles is an excellent attorney  
I will refer him & the firm to  
others

Do you feel you could have handled your case as well without an attorney?  
 Would you ask our firm to handle another case for you?  
 Would you refer a friend to our firm?

- Yes  No
- Yes  No
- Yes  No

Optional: Name Emily Jane

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

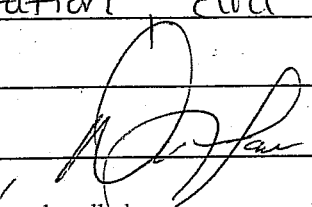
- Referred by someone. Name \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) The advertisement sent to me seemed clear concise.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Very happy w/ Charles representation - did a very good job!

Thanks, 

- 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

Optional: Name Don

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) recommendation from FSBO (in their flyer)

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? We went through 3 purchase agreements - Charles was outstanding for us. Extremely knowledgeable - we felt very confident with him representing us through the process

- 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

Optional: Name Jon & Sarah

Charles

# 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) Availability - called back - even though alt hours.

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? There is NO way I would've gotten the outcome I did w/o Charles. This was a 1st time offense & I had NO idea what to expect.

Charles was someone I felt confident leaving all matters in his hands & he did a great job.

- 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!  Yes  No

Optional: Name Betsy

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Chark

# 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) Referral

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Everything was done exceptionally well  
with our closing! Thanks for a  
good experience.

- 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

Optional: Name David

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.

*Chick*

# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) brochure was with my FSBO info. I had a buyer + I had questions that you were able to answer.

What is your opinion on the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
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Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? You made everything from the purchase agreement to closing very easy + simple. Thank you very much!  
Uickie

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

Yes  No *too much paper work*

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

Yes  No

Would you refer a friend to our firm?

Yes  No

Optional: Name Uickie

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.





Charles

### 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 \_\_\_\_\_
- 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) Convenience of recommendation by above company

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"/>
Amount of attorney fees	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Additional comments or suggestions? I appreciated the flat fee

and the fact that there were no surprises at the closing. I liked the way you talked us through the papers at closing. It made everything very clear.

I also liked your sense of humour!! Thank you.

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

Optional: Name Caroline

A

C

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.

Charles

### 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 \_\_\_\_\_
- 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) Positive referral from FSBO Shoppe

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

We were extremely satisfied with the closing process, & will refer your firm to our friends. Great job!

We couldn't have been more pleased.

- 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

Optional: Name Dianna + Jason

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Very efficient - and satisfied with your service - you are a concerned firm - I trust you

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

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) Referred

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? explained everything clearly and seemed very concerned -

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 Sharon E. Mark

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Familiarity w/ FSBQ + Their recommendation

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? Everything was great + timely.

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 JOHN

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: **Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? CHARLES ALWAYS SEEMED MOST CONCERNED ABOUT PROTECTING OUR INTERESTS

How could we improve our service? CHANGE NOTHING

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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? Charles explained everything very clearly and made a stressful event like a closing very comfortable

How could we improve our service? everything was great!

- 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? House closing  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 Tim & Jane

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) \_\_\_\_\_

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? Have me confidence my case would be handled and I didn't need to worry about it.

How could we improve our service? I had no problems.

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Worked w/ Barry in the past

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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? Charles did an excellent, thorough job as our

Real Estate consultant & we would gladly use his services again. He kept us informed throughout the closing & identified what was crucial & what could

How could we improve our service? be considered "routine." All said, he made the closing go smoothly & seamless. Thanks,

- 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 Joel

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.

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where?
- 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) LETTER WAS HELPFUL - NON-THREATENING (AS MANY OTHERS WERE) + THE PICTURE SHOWED SOMEONE I THOUGHT I COULD WORK WITH + WOULD EXPLAIN THINGS TO ME

What is your opinion on the following? Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? I WAS EXPLAINED TO IN DETAIL <sup>WHAT</sup>

How could we improve our service? MY OPTIONS WERE + REASSURED CHARLES WAS ALWAYS WILLING TO ANSWER MY QUESTIONS - I KNEW WHAT TO EXPECT, <sup>IF NEVER RUSHED</sup>

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

*Thanks for your help, Charles. It saved me many sleepless nights knowing you were there to advise me.*

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where?
- 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)

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? Spoke to me as if I were a repeat client, made me feel very comfortable

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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where?
- 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)

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? The attorney's attitude and sense of humor. He was professional AND personable. It made the process easy & stress free.

How could we improve our service? NA

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name: \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) specialization in FSBO sales

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

What did you like best about our service? \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? MADE THE TRANSACTION EASY

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name:
- Firm advertisement or brochure. Where?
- 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) REFERRAL / FREE FOR SALE BY OWNER SEMINAR

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? EDUCATION PROVIDED, AVAILABILITY, EASE,  
OVERALL HIGH LEVEL OF SERVICE

How could we improve our service? NO SUGGESTIONS

- 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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) On recommendation from FSBO shop

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? your availability

How could we improve our service? 2

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

*Thanks!  
Charles*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Needed a purchase agreement reviewed

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? \_\_\_\_\_

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 DAVE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## 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) ESTABLISHED RELATIONSHIP w/ HOME AVENUE, C

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? \_\_\_\_\_

NOT ONLY VERY SATISFIED BUT ALSO LEARNED & ENJOYED!

How could we improve our service? N/A

- 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 MIKE & CHRISTINE

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.

# 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 <i>Thank You</i>	<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 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? \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? All of the above. I was about to write a letter of gratitude for your service, when I checked my mail and found the letter + this form from you. I give you an A + Lucille Djabbar

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:

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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? Prompt - efficient

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 Edward

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.

# 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 \_\_\_\_\_
- 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) referral

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? ability to make time for us on short notice

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 Theresa

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? reasonable prices

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

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.

# 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) \_\_\_\_\_

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? promptly returned phone 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 Judd-Greta

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) Price was reasonable for services provided.

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 type="checkbox"/>	<input checked="" 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? \_\_\_\_\_

How could we improve our service? The closing was 3 hours mainly due to the seller's lender. I'm not sure what could be done on your end, but it was frustrating.

- 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

*frustrating*  
*move to CA*

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Reassuring and relaxed atmosphere

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) reasonable charges + recommended by FSBO

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? Always returned calls timely. Handled things professionally even though other parties realtor was difficult!

How could we improve our service? Can't think of anything.

- 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 Tanya + Scott

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.

# 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) \_\_\_\_\_

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? competent - efficient

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

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Based on recommendation

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 fast & knowledgeable

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 Angie

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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? Concern for me as a person  
and the time taken to explain all my options.  
Courteousness and kindness.

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? If I should need to?  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 Samie Jane

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.



# 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 \_\_\_\_\_  
 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) \_\_\_\_\_

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? Peace of mind things would be done correctly with our legal interests protected

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 Cathy \_\_\_\_\_

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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? *\**

*I trusted you!!*

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

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.

# 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) \_\_\_\_\_

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? explanation of process and options

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 Mark

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) FSBO

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? PROMPT, CLEAR, COURTEOUS

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 CHARLES

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Good advice, objective, prompt responses to questions.

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:

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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? Returns calls very quick

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 Angie

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 & value.

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 Luke

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Why did you select our firm?

- Convenient location.
- Firm/Attorney reputation.
- Other (please explain)

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
--	----------------	--------------------	-----------------------	----------------

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly <i>outstanding!</i>	<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 <i>Mary is excellent.</i>	<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"/>
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? Location was great for me and Charles' assistant was wonderful. Charles was very nice and  
had a good sense of humor

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

- |   |   |
|---|---|
| Do you feel you could have handled your case as well without an attorney?                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you ask our firm to handle another case for you?                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you refer a friend to our firm?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| May we include your comments (we will use your first name only) in our marketing materials? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Optional: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I enjoyed working with him.*

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone.
- Firm advertisement or brochure.
- Know attorney or staff member personally.
- Other (please explain)

Why did you select our firm?

- Convenient location.
- Firm/Attorney reputation.
- Other (please explain)

Flat fee offered.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
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? made us feel more confident selling our home when working with a real estate attorney.

How could we improve our service? Charles was great! Thank you for your help!

- 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 Barb & Chuck

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.

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_  
convenience

How could we improve our service? Later hours

- 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 Jake

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? QUICK RESPONSE TO MY PHONE CALLS

How could we improve our service? ?

- Do you feel you could have handled your case as well without an attorney? PROBABLY, SINCE THERE WERE NO ISSUES  Yes  No
- Would you ask our firm to handle another case for you? YES, IF WE WERE STILL IN MA  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

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.

# 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 \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation: *FSBO Recommendation*
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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? *prompt service, thorough explanation - respect*

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 Tracy

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.

# 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 \_\_\_\_\_
- 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) AVAILABILITY, EXPERTISE + 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? THOROUGH, KNOWLEDGEABLE, DID NOT TAKE THINGS TOO SERIOUSLY, GOOD SENSE OF HUMOR

How could we improve our service? OFFER MORE LEGAL SERVICES. HANDLE TRANSACTIONS IN FLORIDA OR ARIZONA.

- 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 DENNIS + KRAISTIN

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.

# 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) \_\_\_\_\_

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? It was very easy. I liked the casual, relaxed atmosphere I felt each time I was there.

How could we improve our service? It was great as is.

- 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 Termy

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.

*Thanks  
Charles!*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) Great price for services

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 type="checkbox"/> N/A	<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? Simple, trust that all of the details would be taken care of, price

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 Rebecca

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? CHARLES DOES VERY DETAILED, EFFECTIVE WORK. HE IS ALSO GOOD AT 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 Bob

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.



# 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 \_\_\_\_\_
- 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) Previous experience & got fee schedule

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input 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? Charles is both professional and personable.  
We'll do it again in 4-5 yrs!

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

*buying book on  
selling SHZ  
windows*

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.

# 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) rec from FSBO Shoppe

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 type="checkbox"/>	<input checked="" 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? courteous, helpful + concerned

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: \_\_\_\_\_

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.

# 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 \_\_\_\_\_
- 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) DAUGHTER HIGHLY RECOMMEND YOU.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? COMPLETELY SATISFIED WITH YOUR WORK  
& NEW IF SOMETHING WAS GOING OUR WAY YOU WOULD LET THE BUYER KNOW

How could we improve our service? JUST DID A GREAT JOB.

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

---

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Courteous representation

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 AD

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.

## 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) \_\_\_\_\_

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"/> wow!	<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? so easy! You made the entire transaction effortless!

How could we improve our service? Not sure. It worked out great.

- 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 Tania

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.

*Thanks Barry!*

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? Everything! I knew what to expect and when. The office staff is fantastic.

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 Rebecca

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.

# CLIENT SERVICE QUESTIONNAIRE

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

Referred by someone. Name \_\_\_\_\_

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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? Great service from Charles!

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 Kent

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) Name referred w/ materials

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Charles was very helpful, friendly, and has a great sense of humor. We enjoyed working with him.

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 Doug + Erica

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.



# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 ORGANIZED; EVERYTHING WAS EXPLAINED CLEARLY & TO THE POINT. NO WASTED TIME.

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

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.

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) On recommendation from FSBO shop

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? your availability

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 Nancy

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.

*Thanks!  
Charles*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? TOOK TIME TO EXPLAIN THINGS TO US

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input 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? Minimal amount of work that I had to do. IF THERE WERE PROBLEMS I WAS NOTIFIED IMMEDIATELY

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 Brian / Penny

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.

Attorney: Charles Segal

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) Your brochure (I received "hundreds") stood out, after speaking w/ Charles on the phone for a consult, then meeting him in person, there was no doubt Very he was Somewhat the Somewhat one Very to represent me

What is your opinion on the following?

	Satisfied	Satisfied	Dissatisfied	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"/> very much so.	<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? Charles was extremely friendly, personable and calm, I have never even received a parking ticket and was petrified. After meeting with him he seemed very genuine, like a "friend" and he was sincerely concerned with my well being and put my mind at ease.

How could we improve our service? When I left his office after our first meeting I knew I was in good hands and everything would be okay. I cannot stress

- Do you feel you could have handled your case as well without an attorney?  Yes  No enough
- Would you ask our firm to handle another case for you? I hope I will never have to use your services again!!! I know I will  Yes  No how wonderful he was
- 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 never, drink and drive again in my lifetime.

Optional: Name Debra

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- 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) Relationship/affiliation with 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? Very responsive - faxed info for purchase order at 10 am and picked up purchase order at 2pm - FAST!

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 Tom

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.

# 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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? PROFESSIONAL AND COMPETANT

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 ANDY

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 Polite and easy to work with.

How could we improve our service? Show up on time and bring appropriate materials.

- 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 Kevin

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.

# 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 \_\_\_\_\_
- 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) referral

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? I liked that Barry was very clear in explaining things & didn't come off as pretentious or high & mighty.

How could we improve our service? more counsel on specifics i.e. refrigerator was incl. in P.A. but they switched it and left me an old one

- 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 JESSICA

PLEASE !!  
 DON'T SEND ME JUNK MAIL! I know where you are!  
 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.  
 I should have specified the model or something

# 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 \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input checked="" 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? You took care of all details - well done

How could we improve our service? More "simple" explanation (brochure?) of process up-front, incl. time-line?

- 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 Male

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referral from

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 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? easy to understand instructions that described each step of the process

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- 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) price

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input checked="" type="checkbox"/>	<input checked="" 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? Communication between events was clear.

Barry called us back promptly.

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 Chris + Beth

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) went to informational meeting one night & liked what we saw/heard

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 type="checkbox"/>	<input checked="" 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? We had many problems with our closing, all on the buyer's side, Barry & all the staff were very helpful. Barry always knew what was going on with our case & very informative.

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 Mike & Kayren

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.



CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

How were you referred to our firm? (Please ✓ 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) \_\_\_\_\_

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? Charles was very helpful! Whether it was meeting me at the last minute, returning my phone calls promptly or giving advise. He seemed to always look out for what would be in my best interest and made sure that I felt comfortable and

How could we improve our service? Clearly understood all of the options that were offered to me. He really made going through this ordeal less stressful

- 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

THANKS CHARLES!

Optional: Name Melissa

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) LETTER WAS HELPFUL - NON-THREATENSING (AS MANY OTHERS WERE) + THE PICTURE SHOWED SOMEONE I THOUGHT I COULD WORK WITH + WOULD EXPLAIN THINGS TO ME

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? I WAS EXPLAINED TO IN DETAIL ~~WHAT~~

How could we improve our service? MY OPTIONS WERE + REASSURED CHARLES WAS ALWAYS WILLING TO ANSWER MY QUESTIONS - I KNEW WHAT TO EXPECT, ~~I WOULD NEVER RUSHED~~

- 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 CAROL

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.

Thanks for your help, Charles  
It saved me many sleepless nights knowing you were there to advise me.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

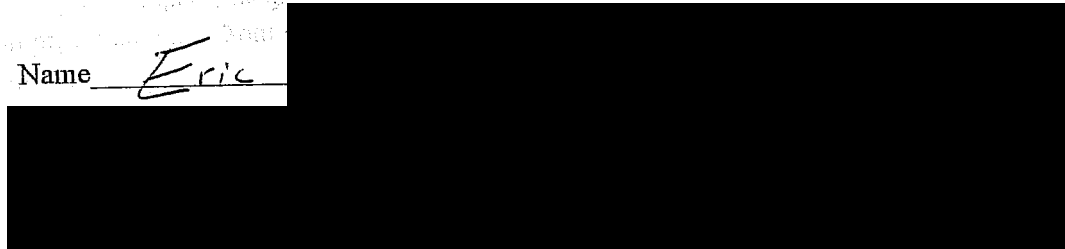
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? Spoke to me as if I were a repeat client, made me feel very comfortable

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 Eric



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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) Services offered at a fair cost

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? The attorney's attitude and sense of humor. He was professional AND personable. He made the process easy & stress free.

How could we improve our service? NA

- 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 Sally

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) specialization in FSBO sales

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

What did you like best about our service? \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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) \_\_\_\_\_

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? MADE THE TRANSACTION EASY

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 JEREMY

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) REFERRAL / FREE FOR SALE BY OWNER SEMINAR

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? EDUCATION PROVIDED, AVAILABILITY, EASE,  
OVERALL HIGH LEVEL OF SERVICE

How could we improve our service? NO SUGGESTIONS

- 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 JENNIFER

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 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? *Charles Segal kept things going smoothly & efficiently & kept me informed*

How could we improve our service? *Can't think of a thing*

- 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 *Deanna*

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.



Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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 Ken + Rana

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.

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) previous

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? Quick, thorough + Charles had a sense of humor !! Much appreciated

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 Leah

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.

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? honest & very professional service

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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? CHARLES EXPLAINED THE PAPERWORK & PROCEDURE VERY WELL - WAS AVAILABLE FOR MY QUESTIONS.

How could we improve our service? NOT NECESSARY

- 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 STEPHANIE

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_  
 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) see above

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Professional, easy to deal with.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_  
 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) Good referral

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? Ease of process

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 JOAN

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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? *Knowledgeable and friendly attorney with great follow up.*

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

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) *Knowledge of transaction, very organized, price, For Sale By Owner connection*

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 relaxed & informal service, yet knowledgeable, competent & professional.*

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 Debra Spencer

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) Felt comfortable w/ Charles

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 type="checkbox"/>	<input checked="" 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? Professional, Charles was a very nice and easy person to deal with and I believe cared about us!

How could we improve our service? Make sure client understand where the case stands

- 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 Sean

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? I was very satisfied especially being so busy that phone calls were returned quickly!

How could we improve our service? I think you do a great job

- 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 David & Brenda

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

See you in the Spring!!

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) FSBO shoppe

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 type="checkbox"/>	<input checked="" 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? personable

How could we improve our service? ? did a great job! very painless!

- 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? already have  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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) \_\_\_\_\_

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? Courtesy - trying to make me relaxed

How could we improve our service? Doing great

- 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 E. K.  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? Did much Better than I would have alone

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 Mark

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_

Why did you select our firm?

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

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 <i>excellent</i>	<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? \_\_\_\_\_

*Trustworthy, ease with <sup>entire</sup> process*  
 How could we improve our service? *It's been a pleasure doing business with Charles*

- 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 Jenny

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.

*Thank you*

# 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 \_\_\_\_\_
- 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) "For Sale by owner" recommendation

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? Personality / confidence

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 MARK  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

*Great job Barry - Thanks for Everything*

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) SAME AS ABOVE

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? ALL OF THE ABOVE

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

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.



# CLIENT SERVICE QUESTIONNAIRE

How were you referred to our firm? (Please  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) knowing everything will be done right.

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? step by step organization

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 Mike

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.

*Great job Barry - Thanks for Everything*

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) SAME AS ABOVE

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? ALL OF THE ABOVE

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

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral

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? Easy

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 professional, on top of every thing at closing

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/> wow!	<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? so easy! You made the entire transaction effortless!

How could we improve our service? Not sure. It worked out great.

- 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

*Thanks Barry!*

# CLIENT SERVICE QUESTIONNAIRE

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

- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) *came recommended by Gov Sale by Owner, which I was very pleased with.*

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? *I had confidence in Barrie's knowledge of the subject matter, & his follow through*

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 Jennifer

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? For Sale By Owner - St. Louis, MO
- 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) \_\_\_\_\_

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? How helpful and responsive

Charles was

How could we improve our service? Have assistants double check closing location prior to closing letter being sent out.

- 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 Michele 

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) we used your firm previously

Why did you select our firm?

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

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? Explained things clearly  
+ got back to me right away when called

How could we improve our service? \*Have closer check one or two days BEFORE the day of closing to make sure paperwork is received from lender

- 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? This caused an hour delay during closing.  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 Elizabeth  
Professional, Courteous and knowledgeable - all things you want in an attorney.

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.



## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) Worked with Barry on prior fsbo

Why did you select our firm?

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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? helped us feel more comfortable with the sale of our home

How could we improve our service? great response time, did not always understand attorneys suggestions but followed up & worked out side

- 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 Kathy [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name For Sale By Owner Shoppe
- Firm advertisement or brochure. Where? " " " "
- 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) Referral

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 professional and not adverse to having my child with me.

How could we improve our service? St Paul location

- 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 Rachelle [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referral

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 type="checkbox"/>	<input checked="" 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? Efficient, courteous, complete

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 Dawn & Jay [REDACTED]

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.



# For Sale By Owner Shoppe EVALUATION FORM

## Congratulations on the sale of your home!

Please take a moment to evaluate the For Sale By Owner Shoppe:

1. Which products/services did you use? Were you satisfied with the quality?

	Comments
<input checked="" type="checkbox"/> Yard sign	Nearly Fallen Down by the time it was removed - Needs to be more firmly placed.
<input checked="" type="checkbox"/> Sign additions (ie. Open Sunday)	
<input type="checkbox"/> Open House signs	
<input checked="" type="checkbox"/> Brochure Box	Such a help!
<input type="checkbox"/> Document Package	
<input checked="" type="checkbox"/> Brochure Service	
<input checked="" type="checkbox"/> Star Trib/Pioneer Press Advertising	
<input checked="" type="checkbox"/> Multiple Listing Service	
<input checked="" type="checkbox"/> Internet Listing on www.HomeAvenue.com	
<input checked="" type="checkbox"/> HomeAvenue.com ID Number	
<input checked="" type="checkbox"/> Step-By-Step How-To Guide	

2. Do you believe that the marketing tools provided by the For Sale By Owner Shoppe contributed to the sale of your home? If so, in what way?

Absolutely. Significant foot traffic was created by our ads and our road signs. The MLS Listing helped as well, as we had several calls from brokers interested in showing our home.

3. How long did it take to sell your home?

12 Days

4. Where/how did your buyer find your home?

Followed ads & road signs -- was already interested in the area.

5. Is there anything that would assist you in the sale of your home that the For Sale By Owner Shoppe does not offer?

No - The FSBO Shoppe was able to satisfactorily meet each of our needs.

6. Did you use Barry Rosenzweig's attorney services? If so, please comment:

Yes, we used Barry as our representative, and we were extremely unimpressed. Barry rushed us through the steps and made each of our inquiries feel like a bothersome interruption.

Name Joe [redacted]

Account Number [redacted]

E-mail Address Joe [redacted]

(Optional) We would like your forwarding address, so we can keep you updated on our service:

Forwarding Address \_\_\_\_\_

Thank you very much for your comments



# For Sale By Owner Shoppe EVALUATION FORM

**Congratulations on the sale of your home!**

Please take a moment to evaluate the For Sale By Owner Shoppe:

1. Which products/services did you use? Were you satisfied with the quality?

Comments

- Yard sign all signs were very professional
- Sign additions (ie. Open Sunday) \_\_\_\_\_
- Open House signs \_\_\_\_\_
- Brochure Box \_\_\_\_\_
- Document Package Very helpful + reassuring
- Brochure Service \_\_\_\_\_
- Star Trib/Pioneer Press Advertising \_\_\_\_\_
- Multiple Listing Service \_\_\_\_\_
- Internet Listing on www.HomeAvenue.com \_\_\_\_\_
- HomeAvenue.com ID Number \_\_\_\_\_
- Step-By-Step How-To Guide Very helpful

2. Do you believe that the marketing tools provided by the For Sale By Owner Shoppe contributed to the sale of your home? If so, in what way? WE ACTUALLY SOLD TO FRIENDS, 2 DAYS AFTER SIGNS WERE UP. THE FSBO MATERIAL AND SIGNS MADE IT CLEAR TO THEM THAT WE WERE MARKETING THE HOUSE & THEY NEEDED TO MOVE QUICKLY TO KEEP IT

3. How long did it take to sell your home? FROM BEING SOLD TO SOMEONE ELSE FROM FIRST "LOOK" TO VERBAL COMMITMENT ~~2~~ 2 DAYS. FROM " " TO SIGNED PA, 5 DAYS.

4. Where/how did your buyer find your home? They were friends - heard word of mouth.

5. Is there anything that would assist you in the sale of your home that the For Sale By Owner Shoppe does not offer? No.

6. Did you use Barry Rosenzweig's attorney services? If so, please comment:

went to seminar - really helpful in eliminating fear of doing "sale by owner" approach.

Name JAMES [REDACTED] Account Number ?

E-mail Address [REDACTED]

(Optional) We would like your forwarding address, so we can keep you updated on our service:

Forwarding Address \_\_\_\_\_

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) FOR SALE BY OWNER'S VITE OF CONFIDENCE

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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? PROMPTNESS AND PROFESSIONAL HANDLING OF TRANSACTION

How could we improve our service? NOTHING COMES TO MIND

- 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 MRE MRS ROBERT [REDACTED]

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.



Our experience with Barry is our only major complaint with our FSBO experience. We have been recommending the FSBO services to our friends, but are quick to advise them against using the Rosenzweig attorney services.

In the future, we believe that the FSBO Shoppe should ~~also~~ discontinue their affiliation with Barry Rosenzweig, or at the very least develop other such associations in the spirit of offering better alternatives.



## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Knowledge of needs of owner/seller

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 professional, I felt confident that everything that needed to be done was - quickly.

How could we improve our service? Almost too professional - get a little personal.

- 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 Rome He [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Had checked into firm before when selling home

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 type="checkbox"/>	<input checked="" 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? I don't have enough knowledge

to feel comfortable at a closing - your firm made me feel like I wouldn't be taken advantage of.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? They kept it at a level we could understand. Also the cheerful + freind service.

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 Donald [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED]
- 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) I worked for FSBO a few years ago & knew of Barry

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/> parking	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Cheaper than a realtor. Ease of mind to know legal paper work was done correctly.

How could we improve our service? Keep updated on names of new purchase agreements & documents.

- 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 Jill [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

**Attorney: Charles Segal**

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Recommended

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 type="checkbox"/>	<input checked="" 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? Easy & Painless

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 Jason

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Recommendation by co-worker

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? available for questions all the time

How could we improve our service? no changes needed

- 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 Amy & Troy [REDACTED]

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.





# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED] \_\_\_\_\_

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) [REDACTED] \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? you took care of everything

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 Angela [REDACTED]  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.



# For Sale By Owner Shoppe EVALUATION FORM

**Congratulations on the sale of your home!**

Please take a moment to evaluate the For Sale By Owner Shoppe:

1. Which products/services did you use? Were you satisfied with the quality?

Comments

- Yard sign \_\_\_\_\_
- Sign additions (ie. Open Sunday) \_\_\_\_\_
- Open House signs \_\_\_\_\_
- Brochure Box \_\_\_\_\_
- Document Package \_\_\_\_\_
- Brochure Service \_\_\_\_\_
- Star Trib/Pioneer Press Advertising \_\_\_\_\_
- Multiple Listing Service \_\_\_\_\_
- Internet Listing on www.HomeAvenue.com \_\_\_\_\_
- HomeAvenue.com ID Number \_\_\_\_\_
- Step-By-Step How-To Guide \_\_\_\_\_

2. Do you believe that the marketing tools provided by the For Sale By Owner Shoppe contributed to the sale of your home? If so, in what way?

*The Brochure helped our buyers come to our house to see for themselves*

3. How long did it take to sell your home?

*4 days*

4. Where/how did your buyer find your home?

*word of mouth - it was a co-worker of my husband*

5. Is there anything that would assist you in the sale of your home that the For Sale By Owner Shoppe does not offer?

*NO*

6. Did you use Barry Rosenzweig's attorney services? If so, please comment:

*yes - very professional, helpful, accurate & expediant!*

Name Kris [REDACTED] Account Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

(Optional) We would like your forwarding address, so we can keep you updated on our service:

Forwarding Address \_\_\_\_\_

*Thank you very much for your comments*



# For Sale By Owner Shoppe EVALUATION FORM

## Congratulations on the sale of your home!

Please take a moment to evaluate the For Sale By Owner Shoppe:

1. Which products/services did you use? Were you satisfied with the quality?

Comments

- Yard sign PROFESSIONAL INSTALLED, LOOKED GREAT
- Sign additions (ie. Open Sunday) \_\_\_\_\_
- Open House signs \_\_\_\_\_
- Brochure Box \_\_\_\_\_
- Document Package \_\_\_\_\_
- Brochure Service \_\_\_\_\_
- Star Trib/Pioneer Press Advertising \_\_\_\_\_
- Multiple Listing Service DELAY IN GETTING LISTED, POOR COMMUNICATION
- Internet Listing on www.HomeAvenue.com LOOKED GREAT
- HomeAvenue.com ID Number \_\_\_\_\_
- Step-By-Step How-To Guide VERY BASIC, DID NOT OFFER A LOT OF INFO

2. Do you believe that the marketing tools provided by the For Sale By Owner Shoppe contributed to the sale of your home? If so, in what way?

YES, PROFESSIONAL LOOKING, RECOMMENDABLE

3. How long did it take to sell your home?

7 DAYS

4. Where/how did your buyer find your home?

AGENT - MLS

5. Is there anything that would assist you in the sale of your home that the For Sale By Owner Shoppe does not offer?

NO. I REALLY ENJOYED THAT WHEN I CALLED THE PERSON WHO ANSWERED THE CALL COULD HANDLE ALL MY NEEDS FROM ORDERING AN AD, TO SCHEDULING SIGN PICK-UP.

6. Did you use Barry Rosenzweig's attorney services? If so, please comment:

YES, BARRY IS VERY PROFESSIONAL AND INSTILLS CONFIDENCE. HE ANSWERED ALL OUR QUESTIONS, DID A GREAT JOB, AND MADE US FEEL COMFORTABLE ABOUT THE PROCESS.

Name LUCK \_\_\_\_\_ Account Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

(Optional) We would like your forwarding address, so we can keep you updated on our service:

Forwarding Address \_\_\_\_\_

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

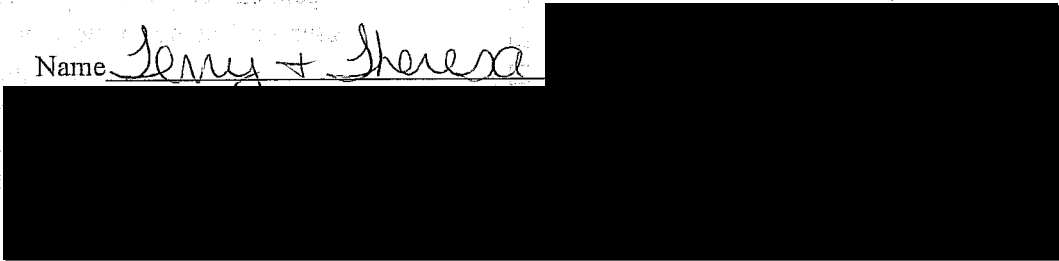
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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? \_\_\_\_\_

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 Jerry + Sherena



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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) [REDACTED]

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> closing	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? Barry was considerate of me as a person when I informed him of altered ability

How could we improve our service? better explanation of closing times/procedure

- 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 Karen [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED] \_\_\_\_\_
- 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) \_\_\_\_\_

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? consistent and ease of communication, attendance at closing

How could we improve our service? Constant review of the case to make sure all aspects are clear

- 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 Peter [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED] \_\_\_\_\_

Why did you select our firm?

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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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? Knowledgeable, reputable, affordable.

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_ [REDACTED]

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_ [REDACTED]

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 type="checkbox"/>	<input checked="" 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? prompt return of 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:

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 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 type="checkbox"/>	<input checked="" 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? Details were handled for us - security of attorney's expertise.

How could we improve our service? We didn't receive an explanation of services the additional \$250 covered. The \$595 (over)

- 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 Ruthie Todd

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 <sup>2 HOUR</sup> NOTICE	<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? QUICK, CONCISE, NO EXTRA (UNNECESSARY) INFO

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/HAUS  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name MARTY \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? \_\_\_\_\_

How could we improve our service? Provide direct <sup>phone</sup> number instead of message/pager.

- 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? I already have.  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name Mark \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) Referral \_\_\_\_\_

Why did you select our firm?

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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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? Cost more

How could we improve our service? be more on time

- 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 Georgene \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) PREVIOUS PERSONAL EXPERIENCE

Why did you select our firm?

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 convenient and efficient

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 Mojeda [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED]

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) YOU SPECIALIZE IN REAL ESTATE LAW

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? HANDLED IT ALL WEEK. THANKS FOR YOUR HELP.

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 TODD [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED] \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? ~~see~~ provided good representation to my as a FSBO seller

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? already have  Yes  No
- May we include your comments (we will use your first name only) in our marketing materials?  Yes  No

Optional: Name Chris [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED]

Why did you select our firm?

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

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? The process was done very professionally and without any problems. Very nice.

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 Dan [REDACTED]

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.



## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED] \_\_\_\_\_
- 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) [REDACTED] \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? *Closing was very efficient*

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 Steve [REDACTED]

[REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) I recieved the letter from the mail.

Why did you select our firm?

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

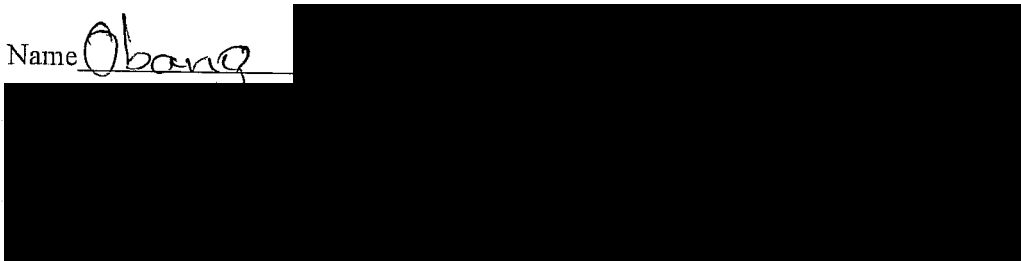
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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 type="checkbox"/>	<input checked="" 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? Convenience Office location.

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 Obang



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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED] \_\_\_\_\_

Why did you select our firm?

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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about our service? \_\_\_\_\_  
\_\_\_\_\_

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 JEFF [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED]
- 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) Reasonable, fixed price package of closing services

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? I liked the fixed cost package for real estate closings/purchase/home sale. I think it is very important to have legal review for real estate transactions and have done so on 2 other transactions as well.

- 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

Optional: Name Pennelle [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) HAD USED THE FIRM IN PREVIOUS HOUSE SALE

Why did you select our firm?

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

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 efficient and courteous

How could we improve our service? Get Charles permanent legal resident status

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

Christopher

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.

# CLIENT SERVICE QUESTIONNAIRE

Attorney: Charles Segal

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? [REDACTED]
- 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) \_\_\_\_\_

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? \_\_\_\_\_

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 Phil [REDACTED]

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.

76. Barry Rosenzweig

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Additional comments or suggestions? \_\_\_\_\_

\* Excellent access to attorney \*

He didn't make me feel like I was taking up his time or asking "stupid" questions.

- Do you feel you could have handled your case as well without an attorney? *Don't Know*  Yes  No
- Would you ask our firm to handle another case for you? *I think so*  Yes  No
- Would you refer a friend to our firm?  Yes  No

Optional:

Name Cheryl

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.





# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Even though you probably do hundreds of these, I really had the feeling that the two of you were as concerned about our closing as we were.  
Thanks to you and Shasta for your help.

- 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

Optional: Name PAUL AND LAURA \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? DIRECT MAILING
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

- Convenient location Closest To Courthouse
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) \_\_\_\_\_

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input 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 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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"/>

Any Additional comments or suggestions? THANK YOU FOR HELPING ME  
GET TO CHINA/JAPAN ON MY VACATION. I FEEL  
I COULD NOT HAVE ARRANGED THAT WITHOUT  
YOUR ASSISTANCE.

- 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

Optional: Name RICHARD [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Confidence gained during initial phone call & meeting

What is your opinion on the following? Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

	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 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? The process of selling my home FSBO was much simpler than anticipated. I felt Mr. Rosenzweig's efforts played a large role in the matter.

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

*I already have*

Optional:

Name SANDRA

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.



Tom and Joanna

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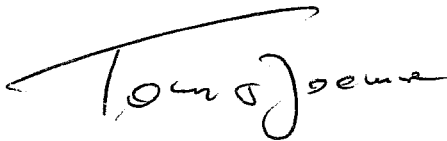
Barry Rosenzweig  
Rosenzweig Law Office  
3400 W. 66<sup>th</sup> Street, Suite 300  
Edina, MN 55435

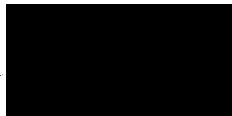
November 14, 1998

Dear Barry,

We would like to let you know that we appreciate your assistance with the home purchase agreement. We also look forward to working with you in the future.

Sincerely,

 Tom and Joanna



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) THROUGH FOR SALE BY OWNER SHOP

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Thank you so much for helping me with the sale of my home.

I called on a Saturday with no warning asking what to do with an offer made on my home and Barry was so helpful and put me at ease about the whole transaction. Shasta was wonderful at the closing, too.

- 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

Thanks so much to you both!

Optional: Name Beth [REDACTED]

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.

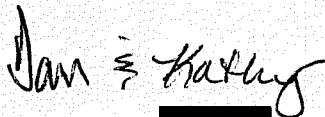
Barry Rosenzweig  
Southdale Place  
3400 W. 66th St. Suite 300  
Edina MN 55435

March 29, 1996

Dear Barry,

Thank you for representing us on the sale of our house in St. Paul. The transaction was greatly aided by your expert advice. We appreciate your assistance, and we wish you the best of luck in future endeavors.

Sincerely,

A handwritten signature in cursive script that reads "Dan & Kathy". The signature is written in dark ink and is positioned above the typed names.

Dan and Kathy [REDACTED]

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? [REDACTED]
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

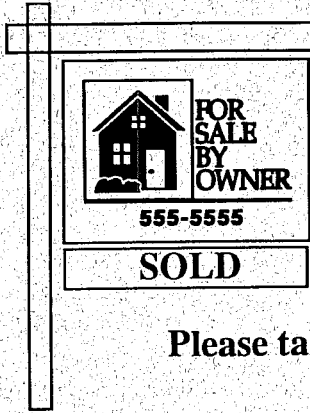
Any Additional comments or suggestions? We were pleasantly surprised at how smooth the case went. We would opt for an attorney over a realtor any day! Thanks Barry!

- 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

Optional: Name Robert + Jennifer [REDACTED]

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.





## Congratulations on the sale of your home!

Please take one moment to evaluate the For Sale By Owner Shoppe:

1. Which products/services did you use? Were you satisfied with the quality?

Comments

- Yard sign Nice quality, installation poor, swings around
- Sign additions i.e. Open Sunday OK
- Open house signs OK
- Document package OK, some outdated info or incorrect in
- Brochure service book.
- Brochure Box Packet
- Star Trib/Pioneer Press Advertising OK.

2. Do you believe that the marketing tools provided by the For Sale By Owner Shoppe contributed to the sale of your home? If so, in what way?

*The sign crew people in, they called. Open house signs brought people in but I'm not sure what brought the most real buyers. The ad?*

3. How long did it take to sell your home?

*30 days - 2 offers / purchase agreements*

4. Is there anything that would assist you in the sale of your home that the For Sale By Owner Shoppe does not offer?

*Internet? → Some kind of group listing that people regularly looked for. I'm not sure where this would be located but the MLS seems to have a lock on buyers. We had many lookers I believe because of our location. I'm not sure that FSBO*

Thank you very much for your comments,

*would work for houses that are less desirable. Also I think assistance with pricing would help. we had to use a lot of realtors to price. Inver*

The For Sale By Owner Shoppe Staff

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name Can't remember exactly who is was!
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Why did you select our firm?

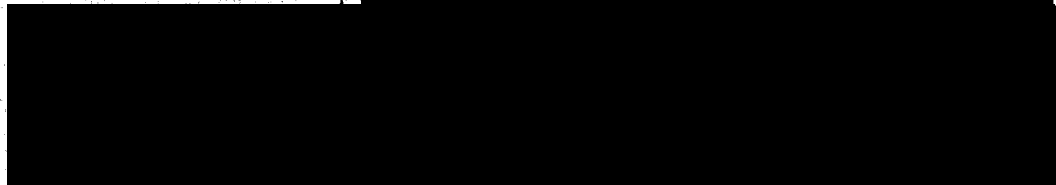
- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) on recommendation

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

Optional: Name Patricia



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.

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) listed in "For Sale" information

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? we were very pleased

with the professional manner in which Charles Segal stepped in and helped us with our closing. we will be getting in touch soon about the wills.

- 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

Thank you  
for  
your  
help  
Charles

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

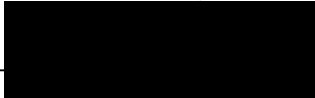
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name Michael  \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Charles

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? Mail
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

Optional: Name Edwin



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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>


Any Additional comments or suggestions? \_\_\_\_\_

Barry was surprisingly personable. I was impressed by his availability - returned calls on eves & weekends!

- 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

Optional: Name Sally Ann [REDACTED]


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.



May 8, 1995

Mr. Barry A. Rosenzweig  
3400 W. 66th Street, Suite 300  
Edina, MN 55435


Dear Mr. Rosenzweig:

Thank you for doing an excellent job as our real estate attorney handling our for-sale-by owner transaction at . Selling our home ourselves saved us some money and a lot of hassle. We appreciated your availability on a Saturday to review the purchase agreement, and the fact that you represented us at the closing since we were moving out of state. Also, thanks for doing the final walk-through at our house, since the buyers did not contact Tracy's sister as we had asked them to.

Your professionalism and attention to detail made us confident that the closing would happen without any problems, as it did. If you would like to use us as a reference for prospective for-sale-by owners, you are certainly welcome.

Sincerely,

*Paul and Tracy* 

Paul and Tracy 

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
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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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry & his staff were very helpful - even outside regular office hours! Thanks!

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

Yes  No

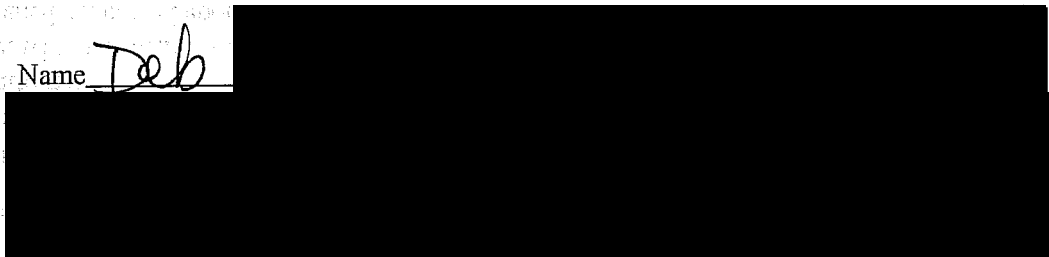
Would you ask our firm to handle another case for you?

Yes  No

Would you refer a friend to our firm?

Yes  No

Optional: Name Deb



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.





## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry, you made selling my home on my own a very easy process. It was great working with you. Thanks!

- 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

Optional: Name Cathy [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? your services were money well spent. The for sale by owner process was new to us + Barry explained everything very well. Both of our closings went extremely well (quick and I'm sure that was in part because of Barry's thoroughness.

- 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

Optional: Name Jon + Mary Jo \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Could reach

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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Thank you for the very prompt service. I was in a panic on a Saturday + you were a huge help - Thank you!

- 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

Optional: Name Peg [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) SERVICES WERE WELL EXPLAINED IN BROCHURE  
FIRM SPECIALIZES IN REAL ESTATE CLOSINGS.

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

EVERYTHING WAS HANDLED IN A VERY  
PROFESSIONAL AND EXPEDIENT MANNER.

- 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

Optional: Name IGOR / YANA \_\_\_\_\_

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.

**From:** [REDACTED]**To:** [REDACTED]**Date:** Monday, July 19, 1999 2:13 PM**Subject:** Thank you

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I would like to thank all the staff at the For Sale By Owner Shoppe for the excellent customer service you provide. Your phones are always answered promptly and pleasantly and the service you provide is excellent! It is quite clear that you take pride in your work as you take the extra moments to make one feel comfortable and confident about the details of selling a home. The real estate attorney you recommended, Barry Rosenzweig, was a pleasure to work with, too. He was very prompt in responding to my needs -- even on a holiday weekend! I will highly recommend your services you to my friends. Again, thank you all for your support - what a great team!

Nadia [REDACTED]

7/19/99

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED]

Why did you select our firm?

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

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Danny was super! We were most impressed by his willingness to make himself available by phone/fax after hours for advice on a punch agreement

- 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

Optional: Name Dana E. Keel [REDACTED]

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referred

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry was always available to answer questions. We were very pleased with his services.

- 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? N/A → living in Hawaii  Yes  No
- Would you refer a friend to our firm?  Yes  No

Optional: Name Kathleen [REDACTED]

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.



## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) referred by above

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location <u>N/A</u>	<input 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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted <u>N/A</u>	<input 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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? I did - the buyers of our house  Yes  No

Optional: Name Patricia \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) [REDACTED]

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

Any Additional comments or suggestions? \_\_\_\_\_

*We were very pleased with your service  
and would highly recommend you to friends*

- 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

Optional: Name Joseph [REDACTED]

[REDACTED]

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.

Chale

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) [REDACTED]

Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member [REDACTED]
- Other (please explain) Highly recommended by [REDACTED]

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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input 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"/>

Any Additional comments or suggestions? Everything went exceptionally smooth and accurate.

- 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

Optional: Name Tom & Joyce [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) Internet

Why did you select our firm?

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

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Barry did a wonderful job! Returned calls quickly - I liked that!

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

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) [REDACTED]

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

It was a pleasure having you as our lawyer - And Trudy is a peach!

- 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

Optional: Name Vera [REDACTED]

[REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referred.

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Could not have been more professional. Barry was Excellent.

- 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

Optional: Name Bluce

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) [REDACTED]

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"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Very thorough. Good follow-up and

EXPLANATIONS - THANK YOU!

- 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

Optional: Name Bryce & Laurie [REDACTED]

[REDACTED]

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.



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned phone calls	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Barry was very professional - we felt confident that our closing was going to be done right

- 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

Optional: \_\_\_\_\_

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) It seemed like Barry knew the business well.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? \_\_\_\_\_

KATHY AND I BOTH FEEL THAT IT WAS WELL WORTH THE FEE FOR BARRY TO REPRESENT US. AT TIMES IT SEEMED LIKE BARRY ASSUMED THAT I HAD MORE KNOWLEDGE THAN I DID SINCE WE KNEW ALMOST NOTHING ABOUT SECURING A HOUSE.

- 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

Optional: Name ANTHONY & KATHLEEN

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? Very good experience.

- 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

Optional: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

Chals

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) recommendation \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

Everything went smoothly -  
Thanks!

- 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

Optional: Name Saura

[Redacted]

*Charles*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) RECOMMENDED [REDACTED]

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"/>
Amount of attorney fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney met with me when I wanted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney seemed concerned about me as a person	<input type="checkbox"/>	<input checked="" 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"/>

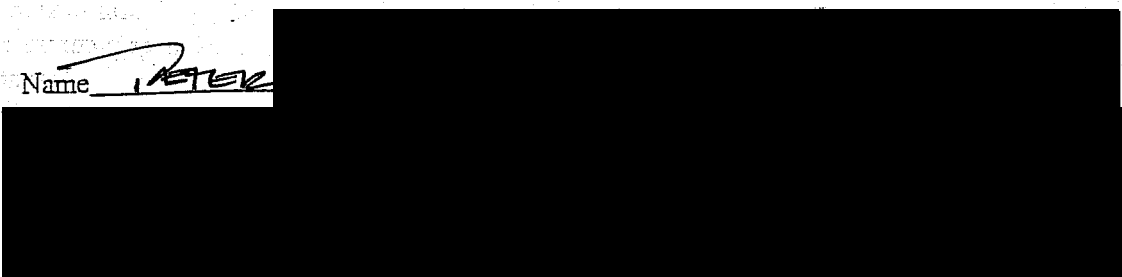
Any Additional comments or suggestions? Very Good Service...

PATT PADDY AND CHARLES WERE EXTREMELY

PROFESSIONAL AND HELPFUL.

- 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

Optional: Name PETER



# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Benny, Thanks for all of your help with both the sale of our house and Closings. Your availability and responsiveness were superb, especially on weekends and after hours.

- 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

Optional: Name John and Kristin



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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

*Will use services again*

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

Optional:

Name  $\checkmark$  \_\_\_\_\_

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.

*Charles*

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) reasonable pricing

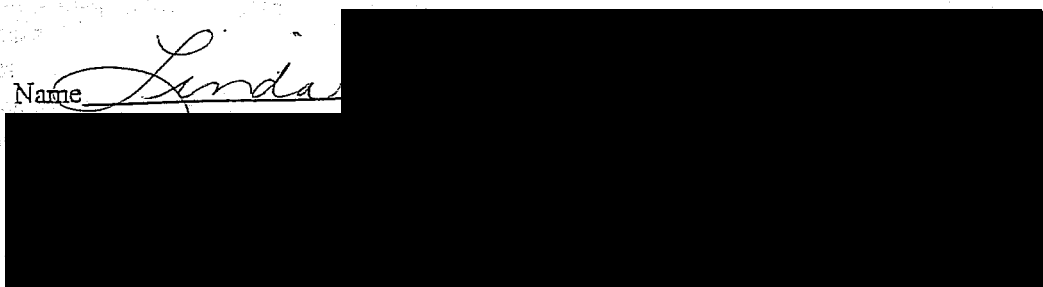
What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? The service I

received was excellent. Charles was efficient and personable. I would highly recommend your firm to others.

- 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

Optional: Name Linda





## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Referral

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? \_\_\_\_\_

This was a good and highly satisfactory relationship.

- 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

Optional: Name David [REDACTED]

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.

*Chals*

### CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Your experience

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Thanks for making the process of selling our home easy & affordable! You were great!

Do you feel you could have handled your case as well without an attorney?  
 Would you ask our firm to handle another case for you?  
 Would you refer a friend to our firm?

- Yes  No
- Yes  No
- Yes  No

*already have been recommending you!*

Optional: Name Kim



*Remy*  
*thanks!*

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/>
Amount of attorney fees	<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"/>


Any Additional comments or suggestions? \_\_\_\_\_  
*Very good experience!*

- 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

Optional: Name Remy \_\_\_\_\_

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name Rick & Nancy 
- Firm advertisement or brochure. Where? \_\_\_\_\_
- Know attorney or staff member personally. Name \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

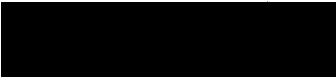
Why did you select our firm?

- Convenient location
- Firm/Attorney reputation
- Personal/business relationship with attorney or staff member
- Other (please explain) we were referred there.

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"/>
Amount of attorney fees	<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 type="checkbox"/>	<input checked="" 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"/>

Any Additional comments or suggestions? appreciated the knowledge and help very much. Very satisfied with everything.

- 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

Optional: Name Kevin & Amy 

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.

## CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name [REDACTED]
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) \_\_\_\_\_

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"/> <i>yes!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney explained things clearly	<input checked="" type="checkbox"/> <i>yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input checked="" type="checkbox"/> <i>yes</i>	<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"/>
Amount of attorney fees	<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"/> <i>yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, what is the level of satisfaction with our service?	<input checked="" type="checkbox"/> <i>excellent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Additional comments or suggestions? *Wish ~~me~~ Barry was here in SAN DIEGO to represent me when I buy a house here*

- 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

Optional: Name *JOEL* [REDACTED]

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.

# CLIENT SERVICE QUESTIONNAIRE

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

- Referred by someone. Name \_\_\_\_\_
- Firm advertisement or brochure. Where? \_\_\_\_\_
- 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) Specialization in real estate closings,

What is your opinion on the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenience of office location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to attorney on the phone	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
Amount of attorney fees	<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"/>

Any Additional comments or suggestions? Barry handled my case well and always made suggestions that were in my best interest.

- 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

Optional: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

[REDACTED]

Dear Charles

Thank you for organizing and supervising the closing of the sale of [REDACTED]

It was a great weight off my mind to know that it was in your capable hands. London is busy but I am beginning to settle in and feel at home.

With thanks,

Yours sincerely,

Chris [REDACTED]