

CLIENT SERVICE QUESTIONNAIRE

Your Name (Optional): _____

Primary Paralegal's name: _____

Reason for retaining an attorney (e.g. divorce, modification of prior order, etc): _____.

How were you referred to our firm?

Know lawyer or staff member personally. Name: _____

Referred by someone. Name: _____

Website. Which Search Engine: _____

Other (please explain): _____

Why did you select our firm?

Convenient location

Firm reputation

Lawyer reputation

Personal/business relationship with lawyer/staff member

Impression after meeting with attorney

Other (please explain): _____

What is your opinion about the following?

Very
Satisfied

Somewhat
Satisfied

Somewhat
Satisfied

Very
Dissatisfie
d

Convenience of office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through to lawyer on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness of law firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed about your case overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of attorney fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer met with me when I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer was concerned about me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer believed in my case	<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"/>
Do you feel you could have handled your case as well without an attorney?	<input type="checkbox"/> Yes			<input type="checkbox"/> No
Would you ask our firm to handle another case for you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you refer a friend to our firm?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

We appreciate your comments: _____

Thank you for taking the time to complete our questionnaire.