

**POST-REPRESENTATION SURVEY**

How did you find out about our firm?

- Referred by family/friend
- Knew attorney personally
- Advertisement in TV Local Area
- Other Live Locally Aware of Law Offices

**YES      NO**

- Was our office conveniently located for you?  YES  NO
- Did our staff greet you courteously when you came to the office?  YES  NO
- Were your phone calls answered pleasantly by staff?  YES  NO
- Were your phone calls returned promptly by attorneys?  YES  NO
- Did the attorney handling your case explain what the firm would do?  YES  NO
- Were you given regular status reports on your case?  YES  NO
- Did you feel you met with your attorney when you needed to?  YES  NO
- Did you feel your attorney cared about you and your case?  YES  NO
- If you need legal representation in the future, would you call our firm?  YES  NO
- If a friend needed an attorney, would you refer him/her to our firm?  YES  NO

<b>How do you rate our:</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
1) Professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Competence & Ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Treatment of You	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Legal Fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Attorneys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Overall Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down any comments or suggestions that you may have to help us better serve our clients in the future:

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May we use your comments and survey for marketing purposes?  YES  NO

Sara Chappell  
Name (Optional)

**THANK YOU AGAIN. IT WAS OUR PRIVILEGE TO REPRESENT YOU.**