

CLIENT SERVICE QUESTIONNAIRE

How did we do? Please rate our performance and return to our office.

Please indicate the type of matter we handled for you:

Estate Planning Estate Administration Business Other _____

What is your opinion about the following?	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
Ease of reaching us by phone and/or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in returning calls and/or emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of lawyer's explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of information I got about my matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawyer's responsiveness when I wanted to meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of the office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonableness of lawyer's fees	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Lawyer's concern about me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, what is the level of satisfaction with our service? Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

(If not "very satisfied," please explain below how we could have improved your experience.)

Would you ask our firm to handle another matter for you? Yes No

Would you refer a friend to our firm? Yes No

Would you like us to contact you about your experience? Yes No
(If so, please provide name below.)

Please include any additional comments below (attach additional sheets if necessary).

May we use your comments in our marketing pieces, e.g. website testimonial? Yes No
(If so, please provide name above.)

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