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LAW GROUP PLLC

CLIENT SURVEY

We appreciate the opportunity to serve your legal needs. Please help us improve the quality of our service by completing this survey and returning it to our firm. Your responses will be kept confidential. If we can assist you in the future we hope that you will call us.

1. Your Name (optional): [REDACTED]

2. Please rate our firm in the following areas (including comments as appropriate):

<u>(Please check one:)</u>	Excellent	Good	Fair	Poor	No Opinion
<i>Family Law Expertise</i>		✓			
Comments:					
<i>Efficiency handling your case</i>		✓			
Comments:					
<i>Proficiency working with opposing counsel / party</i>	✓				
Comments:					
<i>Answering your questions</i>		✓			
Comments:					
<i>Quality of Legal Advice</i>		✓			
Comments:					
<i>Promptness of Service</i>		✓			
Comments:					
<i>Friendliness of Staff</i>	✓				
Comments:					
<i>Time Devoted to Your Case</i>		✓			
Comments:					
<i>Handling Calls</i>		✓			
Comments:					
<i>Office Location</i>		✓			
Comments:					
<i>Office Furnishings</i>		✓			
Comments:					
<i>Availability of Your Attorney</i>		✓			
Comments:					

Promptness for Meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Promptness of Returning Calls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Keeping you informed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

3. Billing Questions:

	Yes	No	No Opinion
Were your billing statements clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Did you understand the fee arrangement at the beginning of the engagement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Were you charged fairly for the services we provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Did we sufficiently address any billing concerns you raised during your representation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

4. **Would you choose our firm again to represent you in other matters? (circle one)**
Definitely Probably Probably Not Definitely Not

5. **Would you recommend us to someone you know? (circle one)**
Definitely Probably Probably Not Definitely Not

6. **How satisfied are you with the outcome of your case? (circle one)**
My case is not completed Very Satisfied **Satisfied** Not Satisfied

7. **How can our firm improve its services to our clients?:** _____

8. **Would you contact our firm in the future for a non-family law referral? (circle one):** **Yes** No

9. (a) **What compliments or criticisms do you have about our firm and its service?**
My case was complicated and there is still a good chance I may have to re-file someday. I trust this firm to assist me and continue to demonstrate a caring attitude as they did for me now. Thank You!
Thank you for completing this questionnaire!