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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):** _____

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> | X | | | | |
| Comments: | | | | | |
| <i>Efficiency handling your case</i> | X | | | | |
| Comments: | | | | | |
| <i>Proficiency working with opposing counsel / party</i> | X | | | | |
| Comments: | | | | | |
| <i>Answering your questions</i> | X | | | | |
| Comments: | | | | | |
| <i>Quality of Legal Advice</i> | X | | | | |
| Comments: | | | | | |
| <i>Promptness of Service</i> | X | | | | |
| Comments: | | | | | |
| <i>Friendliness of Staff</i> | X | | | | |
| Comments: | | | | | |
| <i>Time Devoted to Your Case</i> | X | | | | |
| Comments: | | | | | |
| <i>Handling Calls</i> | X | | | | |
| Comments: | | | | | |
| <i>Office Location</i> | X | | | | |
| Comments: | | | | | |
| <i>Office Furnishings</i> | X | | | | |
| Comments: | | | | | |
| <i>Availability of Your Attorney</i> | X | | | | |
| Comments: | | | | | |

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Faint, illegible text in the top right corner.

Handwritten signature or name

Vertical stamp or text running down the center of the page, possibly containing the word "RECEIVED" or similar.

| | | | | | |
|-------------------------------|-------------------------------------|--|--|--|--|
| Promptness for Meetings | <input checked="" type="checkbox"/> | | | | |
| Comments: | | | | | |
| Promptness of Returning Calls | <input checked="" type="checkbox"/> | | | | |
| Comments: | | | | | |
| Keeping you informed | <input checked="" type="checkbox"/> | | | | |
| Comments: | | | | | |

3. Billing Questions:

| | Yes | No | No Opinion |
|---|-------------------------------------|----|------------|
| Were your billing statements clear? | <input checked="" type="checkbox"/> | | |
| Comments: | | | |
| Did you understand the fee arrangement at the beginning of the engagement? | <input checked="" type="checkbox"/> | | |
| Comments: | | | |
| Were you charged fairly for the services we provided? | <input checked="" type="checkbox"/> | | |
| Comments: | | | |
| Did we sufficiently address any billing concerns you raised during your representation? | <input checked="" type="checkbox"/> | | |
| 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?**

Thank you for completing this questionnaire!

