Client Satisfaction Review

Your thoughts about our service are important to us. Any feedback about specific things that we could do to improve our client experience would be greatly appreciated.

1.	On a scale of 0 to	10, ho	w likely	wo	uld yoı	ı be to	recomr	nend	us to	friend	ds and	l famil	ly?
	(circle a number)	0	1	2	3	4	5	6	7	8	9		10)
2.	How would you r	ate our	service	usi	ng the	followi	ng fact	ors?					
	Trustworthy:		Excelle	nt		Good		Ave	rage		Fair		Poor
	Responsive:		Excelle	nt		Good		Ave	rage		Fair		Poor
	Knowledgeable:	/	Excelle	nt		Good		Ave	rage		Fair		Poor
	Informative:		Excelle	nt		Good		Ave	rage		Fair		Poor
	Overall Rating:	1	Excelle	nt		Good		Ave	rage		Fair		Poor
3.	If you were t say?	to speal	k with so	ome	eone w	ho was	thinki	ng ab	out h	iring u	ıs, wh	at wo	uld you
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I	re ever deal	۸.			<u> </u>				,, <u>, , , , , , , , , , , , , , , , , ,</u>	<u> </u>	,		.
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4.	What specifi	c thing	did you	like	e best a	about o	ur serv	ice?					• • •
(Exa	mples: Friendly and	d down	to earth	ı; Ke	ept you	ı inform	ned; Fo	ught f	or yo	u; Red	luced	your s	tress;
Trea	ited you like family	•	•							^			
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5. Why did you decide to hire us in the first place?
(Examples: Referred by a friend or family member; Read Keith's book; Keith's story; Saw reviews on Google/Avvo/Facebook; Keith's 100% Satisfaction Guarantee, etc.)
Referred by a patient at a doctor's Office.
6. How did you feel about your injury case before you hired us?
(Examples: Hesitant to talk to an attorney; Cautious about who to trust; Tired of suffering alone Frustrated with insurance company delays; Anxious about paying medical bills; Worried whether you could afford a lawyer; Uncertain about how long it would take, etc.)
Nervous of how my medical expenses were going to
be paid.
7. What were the biggest challenges you had before you hired us?
(Examples: Unable to pay your medical bills; Fear of the unknown; No expert guidance on what you should do next; No practical information on choosing the right doctor; Not sure who to trust; Not understanding the injury law process; Need help fixing or replacing your car, etc.)
The fear of not knowing.

8.	now did we make it easier for you to address those challenges?
	es: Answered your questions; Scheduled doctor's appointments for you; Taught you your dvised you about mistakes to avoid; Helped you move forward; Maximized the money you ed, etc.)
Kath	answered all my questions and explained everything
) our first meeting.
)
9.	What were the top 2-3 benefits of hiring us?
(In your	own words, what specific things did you find MOST helpful?)
Profes	sionalism
Krow	pledgeable
_	motive
10.	What specific things, if any, could we do to change or improve our service to create a better experience for you?
NOH!	ing everything was perfect
Almo	ost done

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11.	Way we share your comments with the public (to give other injured people a sense of what you thought about our services)?							
12.	How would you like your name to appear if we use your comments? Show Full NameShow First Name OnlyPost Comments Anonymously							
(Signat	ure Please) $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ (Date) $\frac{1}{2}$							
(Print N	Name) Leroy Longford							

THANK YOU for your client satisfaction survey!

Please return this by hand delivery or mail to

901 Derbigny Street, Gretna, Louisiana 70053,

by fax to 504-264-5580, or by email to klm@magnesslaw.com

We greatly appreciate your input and time.