## **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 v | voul           | d you            | be to r         | ecomi                  | nend ເ  | us to | frien                 | ds and          | family?    |
|---|--|--------------|------------|----------------|------------------|-----------------|------------------------|---------|-------|-----------------------|-----------------|------------|
|   | (circle a number)  | 0            | 1          | 2              | 3                | 4               | 5                      | 6       | 7     | 8                     | 9               | (10)       |
|   |  |              |            |                |                  |                 |                        |         |       |                       |                 |            |
| 2.  | How would you r  | ate our      | service :  | using          | the f            | followir        | ng fact                | ors?    |       |                       |                 |            |
|   | <b>Trustworthy:</b>  | $\sqrt{}$    | Excellen   | nt _           |                  | Good            |                        | Aver    | age   |                       | Fair            | Poor       |
|   | Responsive:  |              | Excellen   | nt _           | <u> </u>         | Good            |                        | Aver    | age   |                       | Fair            | Poor       |
|   | Knowledgeable:   | $\checkmark$ | Excellen   | nt _           |                  | Good            |                        | Aver    | age   |                       | Fair            | Poor       |
|   | Informative:   | <u> </u>     | Excellen   | nt _           |                  | Good            |                        | Aver    | age   |                       | Fair            | Poor       |
|   | Overall Rating:  |              | Excellen   | nt _           |                  | Good            |                        | Aver    | age   |                       | Fair            | Poor       |
| Very helpful, makes situation less stressful, caring and pattent. |  |              |            |                |                  |                 | ful,                   |         |       |                       |                 |            |
| •   | What specific mples: Friendly and ted you like family of 11 ke family for 1000 to with the wild of the | d down       | to earth;  | ; Kep<br>nd ho | ot you<br>onest, | inform<br>etc.) | ed; Fo<br>\<br>\<br>VQ | ught fo | alı   | <b>1</b> / <i>0</i> 1 | <del>YS</del> 1 | rery homes |

| 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 to by Bonnie Morel &  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 6.  | How did you feel about your injury case before you hired us?   |  |  |  |  |  |
| Frustra   | oles: Hesitant to talk to an attorney; Cautious about who to trust; Tired of suffering alone; ted with insurance company delays; Anxious about paying medical bills; Worried whether you ford a lawyer; Uncertain about how long it would take, etc.)  NPSTUP BUT FEH GOOD TO MAYP SOMPONE GIVE GOOD MATION ON WHAT WOULD HAPPEN IN THE CASE.  |  |  |  |  |  |
|   | What was the himset shallonger you had before you himselve?  |  |  |  |  |  |
| should<br>unders  | What were the biggest challenges you had before you hired us?  bles: Unable to pay your medical bills; Fear of the unknown; No expert guidance on what you do next; No practical information on choosing the right doctor; Not sure who to trust; Not tanding the injury law process; Need help fixing or replacing your car, etc.)  MONUM TO PARE STANDER OF THE STANDER OF T |  |  |  |  |  |
|   |  |  |  |  |  |  |

| 8.  | How did we make it easier for you to address those challenges?  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| rights, Ad  | s: Answered your questions; Scheduled doctor's appointments for you; Taught you your vised you about mistakes to avoid; Helped you move forward; Maximized the money you  |  |  |  |  |  |
| recovered, etc.) Helped And a physical therapy office; help |   |  |  |  |  |  |
| Make  | Helped Find a physical therapy office; help<br>the right choices moving forward in the case.  |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 9.  | What were the top 2-3 benefits of hiring us?  |  |  |  |  |  |
| (In your o  | wn words, what specific things did you find MOST helpful?)  |  |  |  |  |  |
| right   | ing for what you believed was deserved in the case  |  |  |  |  |  |
| Obtru   | ning as much into to help build a strong case.  |  |  |  |  |  |
| 1611  | ning as much into to help build a strong case. patient and trustworthy.   |  |  |  |  |  |
|   | ·   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 10.   | What specific things, if any, could we do to change or improve our service to create a  |  |  |  |  |  |
|   | better experience for you?  No Folk OC 1) you could be a could be |  |  |  |  |  |
| 1,1   | As Far as I'm concerned, you and your team  |  |  |  |  |  |
| an o  | L WOYLCH FUL JOB.   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |

## Almost done...

| 11.      | May we share your comments with the public (to give other injured people a sense of what you thought about our services)? YES!No |
|----------|--|
| 12.      | How would you like your name to appear if we use your comments?  Show Full NameShow First Name OnlyPost Comments Anonymously     |
| (Signatı | ure Please) Mtoria Mcholaug 2/12/19  |
| (Print N | lame) VICtoria Nickolaus   |

## **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.