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.

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_ Fair	Poor
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	_ Fair _ Fair _ Fair _ Fair _ Fair

4. If you were to speak with someone who was thinking about hiring us, what would you say to them?

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5.	Why did you decide to hire us in the first place? <u>Yefened</u>
6.	What was the biggest obstacle or concern you had <i>BEFORE</i> hiring us.
7.	How many other lawyers have you worked with in the past? None,1-2,3-5, $3-5$, $6-10$, more than 10
8.	Please tell us what specific things, if any, we could do to change or improve our service to create a better experience for you?
9.	What words or phrases would you Google to find a law firm like ours?

 10.
 May we share your comments with the public for promotional purposes?

 _____YES!
 _____No

11.

If yes, please select a preference:

Show Full Name ____Show First Name Only ____Post Comments Anonymously

Im (Date) _____ (Signature Please) [] (Print Name)

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.