

FOUNDING PARTNER
C. D. MICHEL*

PARTNERS
ANNA M. BARVIR
TIFFANY D. CHEUVRONT**
MATTHEW D. CUBEIRO
JOSHUA ROBERT DALE***
W. LEE SMITH



ASSOCIATES
SEAN A. BRADY
JASON A. DAVIS
JOSEPH DI MONDA
ALEXANDER A. FRANK
MICHAEL W. PRICE
TAMARA M. RIDER

* ALSO ADMITTED IN TEXAS AND THE
DISTRICT OF COLUMBIA
** ALSO ADMITTED IN THE DISTRICT
OF COLUMBIA
*** ALSO ADMITTED IN NEVADA

CLIENT SATISFACTION SURVEY

Listening to what our clients tell us about our business, and where we need improvement, helps us to be sure that our business measures up to our clients' expectations. A customer satisfaction survey is one way to gather this vital information.

We are constantly looking for ways to improve the quality of our services. Customer satisfaction is the key to our success. We want our clients to be happy with the services we provide. If our clients feel they have received good value for their money, our business will prosper.

We would greatly appreciate it if you would take just a few minutes to respond to the handful of questions below. As a valued client, how you rate our work is the most important information we can get.

Please check the appropriate box and make comments at the end. If the question does not apply, just leave blank or mark "N/A." Please return this survey by fax or email at (562) 216-4445 or helpdesk@michellawyers.com. Your responses will be handled discreetly.

SUPERVISING PARTNER: *Poor* *Adequate* *Good* *Excellent*
C.D. Michel

CASE MANAGING ATTORNEY: *Poor* *Adequate* *Good* *Excellent*
Name: Attorney

ASSOCIATE ATTORNEYS: *Poor* *Adequate* *Good* *Excellent*

SUPPORT STAFF: *Poor* *Adequate* *Good* *Excellent*

**CASE STRATEGY AND
IMPLEMENTATION:** *Poor* *Adequate* *Good* *Excellent*

COURT PERFORMANCES: *Poor* *Adequate* *Good* *Excellent*

FIRM CORRESPONDENCE: *Poor* *Adequate* *Good* *Excellent*

SUPPORT SERVICES: *Poor* *Adequate* *Good* *Excellent*

Page 1 of 2

**OFFICE/CLIENT
COMMUNICATIONS:** *Poor* *Adequate* *Good* *Excellent*

VALUE OF FIRM SERVICES *Poor* *Adequate* *Good* *Excellent*
OVERALL:

FIRM BILLING POLICIES & PRACTICES: *Poor* *Adequate* *Good* *Excellent*

OVERALL FIRM RATING: *Poor* *Adequate* *Good* *Excellent*

Would you recommend our firm to others? Yes No

GENERAL COMMENTS:

Client Name: _____

Date: _____

Thank you for your feedback!