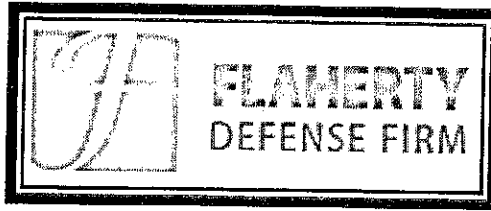


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CLIENT SURVEY

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 name 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:

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Criminal Law Expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *knew every answer to every question*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Efficiency handling your case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *quick & timely*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Answering your questions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *A*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Quality of legal advice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *A*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Promptness of service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *A*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Friendliness of staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *A*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Time devoted to your case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *A*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Handling calls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Availability of your attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *Always on call*

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Promptness for meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Keeping you informed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

(Please check one)	Excellent	Good	Fair	Poor	No Comment
Promptness of returning calls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *would come back if ever needed*

3. Would you choose our firm again to represent you in other matters? (circle one)

Definitely Probably Probably Not Definitely Not

4. Would you recommend us to someone you know? (circle one)

Definitely Probably Probably Not Definitely Not

5. How satisfied are you with the outcome of your case? (circle one)

Definitely Probably Probably Not Definitely Not

6. How can our firm improve its services to our clients: *you are doing a great job! 😊*

7. Would you contact our firm in the future for a non-criminal law referral? (circle one): Yes No

8. What compliments or criticisms do you have about our firm and its services?

Thank you for everything!
Dick C. Elliott
 Thank you for completing this questionnaire!