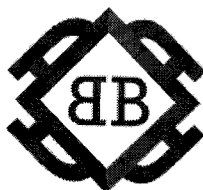


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LAW GROUP PLLC

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 responses will be kept confidential. If we can assist you in the future we hope that you will call us.

1. Your Name (optional): [REDACTED] _____

2. Please rate our firm in the following areas (including comments as appropriate):

<u>(Please check one:)</u>	Excellent	Good	Fair	Poor	No Opinion
<i>Criminal Law Expertise</i>	✓				
Comments:					
<i>Efficiency handling your case</i>	✓				
Comments:					
<i>Proficiency working with District Attorney</i>	✓				
Comments:					
<i>Answering your questions</i>	✓				
Comments:					
<i>Quality of Legal Advice</i>	✓				
Comments:					
<i>Promptness of Service</i>	✓				
Comments:					
<i>Friendliness of Staff</i>	✓				
Comments:					
<i>Time Devoted to Your Case</i>	✓				
Comments:					
<i>Handling Calls</i>	✓				
Comments:					
<i>Office Location</i>		✓			
Comments:					
<i>Office Furnishings</i>	✓				
Comments:					
<i>Availability of Your Attorney</i>	✓				
Comments:					

Promptness for Meetings

Comments:

Promptness of Returning Calls

Comments:

Keeping you informed

Comments:

3. Billing Questions:

	Yes	No	No Opinion
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Was your contract clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Did you understand the fee arrangement at the beginning of the engagement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------	-------------------------------------	--------------------------	--------------------------

Comments:

Were you charged fairly for the services we provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Did we sufficiently address any billing concerns you raised during your representation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

4. ~~Would you~~ choose our firm again to represent you in other matters? (circle one)
Definitely Probably Probably Not Definitely Not

5. ~~Would you~~ recommend us to someone you know? (circle one)
Definitely Probably Probably Not Definitely Not

6. How satisfied are you with the ~~outcome of your case?~~ (circle one)
My case is not completed Very Satisfied Satisfied Not Satisfied

7. How can our firm improve its services to our clients?: BETTER PARKING TO OFFICE LOCATION.

8. Would you contact our firm in the future for a referral? (circle one): Yes No

9. (a) What compliments or criticisms do you have about our firm and its service?

SEEMS TO BE CONNECTED INTO THE MONTGOMERY COUNTY LAW/JUDICIAL SYSTEM, SEEMS TO BE WELL RESPECTED BY PEERS, GOOD REPUTATION WITH DA.

Thank you for completing this questionnaire!