

ROBERT J. ANDERSON, P.C.

CASE COMPLETION QUESTIONNAIRE

The purpose of this form is to compile and make public information with regard to your experience with your personal injury case. Providing identifying information about yourself is voluntary, but is requested to ensure information is properly recorded. Thank you for taking a moment to let us know how you felt your case was handled.

IDENTIFYING INFORMATION

Name:
Address:

Lindsey R

Phone:

LIABILITY QUESTIONS

1. Who was the liability or uninsured motorist carrier in your case? Geico
2. Do you feel that you were fairly treated by the liability carrier? Yes No N/A
3. Do you feel your attorney adequately assisted you in your dealings with your liability carrier?..... Yes No N/A

REPRESENTATION QUESTIONS

1. Were your questions answered promptly? Yes No
2. Were you satisfied with the services provided by your attorney? Yes No
3. Did you feel your attorney adequately explained matters to you Yes No
4. Do you feel you were better off in this matter to have been represented by an attorney? Yes No
5. If you have a similar claim in the future, would you want to be represented by an attorney again? Yes No
6. If yes, would you want to be represented by the same attorney? Yes No

COMMENTS

We began working with Scott because our life was in a stressful period of extreme change (adopting 2 school age kids). We couldn't imagine adding on the stress of dealing with all these details. We were grateful Scott took over for us. Thank you!