

CLIENT / MATTER / #: _____

1. Was the case handled to your satisfaction?

- Yes
- No

Why or why not? _____

2. If a volunteer attorney from a law firm or corporation assisted in the matter, did that service meet with your expectations?

- Yes
- No
- I did not work with a volunteer attorney on this matter.

3. If a staff attorney from Lawyers Alliance assisted in the matter, did the quality of that service meet your expectations?

- Yes
- No
- I did not work with a staff attorney on this matter.

4. What was the impact of Lawyers Alliance assistance? Lawyers Alliance staff and/or volunteer attorneys(s) helped our organization to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Form an entity | <input type="checkbox"/> Connect us to other professional resources |
| <input type="checkbox"/> Acquire/lease property | <input type="checkbox"/> Improve board governance |
| <input type="checkbox"/> Expand programs/services | <input type="checkbox"/> Improve human resources management |
| <input type="checkbox"/> Save money on legal costs | <input type="checkbox"/> Improve services to clients and community |
| <input type="checkbox"/> Secure project financing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Secure money in other ways | |

5. What are your current program areas? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Access to Capital and Credit | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Jobs Training and Placement |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Public Schools |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Services to Immigrant Communities |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Elder Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health | |

6. What legal needs do you anticipate for your organization in the next 6-12 months? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Affordable Housing Development | <input type="checkbox"/> Merger or Strategic Alliance |
| <input type="checkbox"/> By-Laws/Governance | <input type="checkbox"/> Nonprofit Business Venture |
| <input type="checkbox"/> Contract review/negotiation | <input type="checkbox"/> Personnel or Volunteer Policies |
| <input type="checkbox"/> Employment Law Counseling | <input type="checkbox"/> Property Acquisition |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Real Estate Leasing |
| <input type="checkbox"/> Loan Documents Review | <input type="checkbox"/> Other: _____ |

7. Would you like a Lawyers Alliance staff attorney to contact you regarding the legal needs identified in Question 6?

- Yes. When would be a convenient time? _____
Please give contact name and number: _____
- No. Why not? _____