Your comments would be appreciated, as ARC is always looking to better serve our clients!

Case Name: ________________________________ Type of Hearing: ______________________________

Date of hearing: ____________________

1. How did you first hear about ARC? Please check appropriate box.
   Advertisement: ___ Daily Journal ___ BHB Brief ___ SFVB Magazine
   ___ Direct Mail ___ Referral from colleague/or opposing counsel
   ___ Email from ARC or ARC website ___ Other _____________________

2. Was the administration process timely and efficient? yes or no
3. Was the hearing process effective and efficient? yes or no
4. Was our staff professional, friendly and helpful? yes or no
5. If your case was a mediation, did it settle? yes or no
6. Would you use the neutral again? yes or no
7. Did our facilities accommodate your needs during the hearing? yes or no
8. Would you use ARC again? yes or no
9. Would you consider referring us to a colleague? yes or no

10. Comments: ______________________________________________________________________

Name _________________________________________ Date ________________________
Firm ______________________________________________________________________
Phone Number _________________________________ Ext. No. _____________________
Email Address ______________________________________________________________

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