Feedback Form for instructing solicitors:

(Please PRINT CLEARLY)

Full Name : _____

Phone No : _____

Email : _____

Address line 1 _____

Post Code _____

Web Site _____

Position _____

Job Title _____

Are you an existing client of Chambers? Yes or No _____

ZENITH CHAMBERS

10 Park Sq ~ Leeds ~ LS1 2LH
DX 26412 Leeds Park Sq
E : clerks@zenithchambers.co.uk
T : 0113 245 5438
F : 0113 242 3515

What did you think about the way your case was dealt with by a barrister at zenith chambers?

1. Name of case to which your comments relate _____
2. Chambers' Reference if known _____
3. Name of the Barrister who was instructed _____

		Poor	Satisfactory	V Good	Excellent
4.	How do you rate the service received from the clerking team?	[ ]	[ ]	[ ]	[ ]
5.	How do you rate the barrister's handling of this case?	[ ]	[ ]	[ ]	[ ]
In particular					
6.	Preparation of the case	[ ]	[ ]	[ ]	[ ]
7.	Grasp of the facts of the case	[ ]	[ ]	[ ]	[ ]
For paperwork:					
8.	Time taken to turn around any paperwork	[ ]	[ ]	[ ]	[ ]
9.	Quality of advice given	[ ]	[ ]	[ ]	[ ]
10.	Clarity of written work given	[ ]	[ ]	[ ]	[ ]
For advocacy / advising in conference					
11.	Rapport with your client	[ ]	[ ]	[ ]	[ ]
12.	Quality of advocacy (if applicable)	[ ]	[ ]	[ ]	[ ]

		No	Maybe	Yes
13.	Would you use Zenith Chambers again?	[ ]	[ ]	[ ]
14.	Would you instruct this barrister again?	[ ]	[ ]	[ ]

Is the 1st time you have instructed anyone at Zenith Chambers? How did you find out about us?
Recommendation? A directory entry? Internet search? Our web site? Other? Please let us know which .. [ ]

Please elaborate on any points made above overleaf

Robin Butchard
Practice Director
Zenith Chambers
10 Park Square
Leeds
LS1 2LH
DX 26412 Leeds Park Square

Signed _____

Printed Name _____

Date _____