



WESTWOOD: 10990 Wilshire Blvd. • Suite 900 • Los Angeles, CA 90024 • Tel 310.284.8224 • Fax 310.284.8229
DOWNTOWN: 515 S. Figueroa Street • Suite 1825 • Los Angeles, CA 90071 • Tel 213.623.0211 • Fax 213.623.0228

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ARC Feedback

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

Case Name: _____

Date of hearing: _____ Type of Hearing: _____

1. How did you first hear about ARC? Please check the 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 _____