

FEENEY & DIXON, L.L.C.

COUNSELLORS AT LAW

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CLIENT INFORMATION SHEET - INTAKE

Name(s): _____ Date: _____

Address: _____

Telephone No(s): _____ E-mail: _____

Social Security No(s): _____ Date of birth: _____
(last 4 digits only)

Company/Employer: _____

Company/Employer Address: _____

Company/Employer _____

Telephone No(s): _____ E-mail: _____

Case Type:

<input type="checkbox"/> Real Estate (Residential, purchaser) ¹	<input type="checkbox"/> Estate Administration/Probate ²
<input type="checkbox"/> Real Estate (Residential, seller) ¹	<input type="checkbox"/> Business Formation
<input type="checkbox"/> Real Estate (Commercial, seller) ¹	<input type="checkbox"/> Matrimonial, Plaintiff
<input type="checkbox"/> Real Estate (Commercial, purchaser) ¹	<input type="checkbox"/> Matrimonial, Defendant
<input type="checkbox"/> Litigation, Civil/General, Plaintiff	<input type="checkbox"/> Domestic Violence, Plaintiff
<input type="checkbox"/> Litigation, Civil/General, Defendant	<input type="checkbox"/> Domestic Violence, Defendant
<input type="checkbox"/> Litigation, Civil/Collection, Plaintiff	<input type="checkbox"/> Criminal, Superior Court, Defendant
<input type="checkbox"/> Litigation, Civil/Collection, Defendant	<input type="checkbox"/> Criminal, Municipal Court, Defendant
<input type="checkbox"/> Landlord/Tenant, Landlord/Plaintiff	<input type="checkbox"/> Land Use, Developer/Applicant
<input type="checkbox"/> Landlord/Tenant, Tenant/Defendant	<input type="checkbox"/> Land Use, Objector/Other
<input type="checkbox"/> Wills, Trusts, Powers of Attorney and/or Estate Planning ³	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Tax Appeal, Commercial ⁴	<input type="checkbox"/> Tax Appeal, Residential ⁴

Brief description of matter(s):

Have you ever been represented by or consulted with this firm or its attorneys on any prior matter?

Yes ☐ No ☐ If yes, please describe the prior matter:

¹Real Estate Intake Sheet must also be submitted

²Estate Administration Intake Questionnaire must also be submitted

³Estate Planning Questionnaire must also be submitted

⁴Tax Appeal Client Information Sheet must also be submitted

Have you, or any member of your family, ever been involved in any prior matter, in which this firm or its attorney(s) represented an adverse or opposing party? Yes ☐ No ☐ If yes, please describe the prior matter:

Please provide the names & addresses of all persons, companies, or entities which are in any way involved with or related to the matter in question

Prospective Client Signature: _____

(Date)

How did you hear about us?

- ☐ FindLaw
- ☐ Lawyers.com
- ☐ Internet Search (i.e. Google, Bing, Yahoo!) Please specify: _____
- ☐ feeneydixon.com (website)
- ☐ Attorney referral. Please specify: _____
- ☐ Current client, Previously represented
- ☐ Other. Please specify _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

THE USE OF THIS FORM DOES NOT ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP, NOR SHALL IT BE DEEMED AN AGREEMENT TO PROVIDE LEGAL SERVICES.

PRIOR TO DISCUSSING YOUR CASE, WE MUST CHECK FOR CONFLICTS, AND MEET WITH YOU TO DISCUSS YOUR INQUIRY AND THE TERMS OF OUR POSSIBLE RETENTION.

NO ATTORNEY-CLIENT RELATIONSHIP WILL BE FORMED UNLESS AN AGREEMENT TO PROVIDE LEGAL SERVICES IS SIGNED BY BOTH ATTORNEY AND CLIENT. NO LEGAL ADVICE WILL BE PROVIDED UNLESS AND UNTIL WE ARE FORMALLY RETAINED.