[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]

CLIENT

[Client Name]
[Client Address]
[City, State, Zip]

MATTER REFERENCE

Case: [Case Number/Name]
Attorney: [Attorney Name]

Service Description	Rate/Flat	Hours	Total
Initial Criminal Defense Consultation	$0.00	0.0	$0.00
Case File Review & Legal Research	$0.00	0.0	$0.00
Administrative / Filing Fees	$0.00	-	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions: Please make checks payable to "[Law Firm Name]". For wire transfers or credit card payments, contact our billing department.

Note: This invoice is for legal consultation services rendered. Unpaid balances may be subject to late fees as outlined in the initial Retainer Agreement.