FAMILY LAW INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Case ID: [Case Reference]

BILL TO

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

MATTER

[Matter Type: e.g., Divorce, Custody, Mediation]
Consulting Attorney: [Attorney Name]

Description of Service	Rate/Hr	Hours	Total
Initial Legal Consultation	$[0.00]	[0.0]	$[0.00]
Document Review & Research	$[0.00]	[0.0]	$[0.00]
Administrative/Filing Fees	-	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Total Due: $[0.00]

Please make all checks payable to **[Law Firm Name]**.

Payment is due within [Number] days. Thank you for your trust in our legal services.