RETAINER INVOICE

[Associate Counsel Name/Law Firm]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Lead Counsel/Firm Name]
[Attn: Name]
[Address Line 1]
[City, State, Zip]

MATTER INFORMATION:

Case Name: [Case Name/Reference]
Matter ID: [ID Number]
Lead Attorney: [Name]

Description of Legal Services / Retainer Type	Amount
Initial Retainer Fee for Associate Counsel Representation	$0.00
Advanced Administrative Costs / Filing Reserve	$0.00

Subtotal: $0.00

Tax: $0.00

Total Retainer Due: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Associate Counsel Name]** or wire funds to:
Bank Name: [Name] | Account: [Number] | Routing: [Number]

Note: This retainer will be held in trust and applied against future billable hours and disbursements as per the executed Associate Counsel Agreement.