[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

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

Case Name: [State vs. Client]
Court: [Jurisdiction/Court Name]
Matter/File #: [Case Number]
Associate Attorney: [Associate Name]

Date	Professional Services / Description	Hours	Rate	Total
[Date]	Initial Case Review and Arraignment Preparation	0.0	$0.00	$0.00
[Date]	Review of Discovery / Police Reports	0.0	$0.00	$0.00
[Date]	Client Conference - Defense Strategy	0.0	$0.00	$0.00

Date	Professional Services / Description	Hours	Rate	Total
[Date]	Court Appearance: Pre-Trial Motion	0.0	$0.00	$0.00

Expenses & Disbursements	Amount
Process Server Fees	$0.00
Expert Witness Retainer (Partial)	$0.00
Service Total:	$0.00
Expenses Total:	$0.00
Retainer Credit:	($0.00)
Total Due:	**$0.00**

Payment Instructions: Please make checks payable to [Law Firm Name] or pay via [Online Portal Link].

Thank you for choosing [Law Firm Name] for your legal defense.