RETAINER INVOICE

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

Invoice #: _____
Date: _____
Matter ID: _____

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

MATTER DESCRIPTION:
[Case Name or Legal Matter Reference]

Description of Services / Retainer Request	Amount
Initial Legal Services Retainer Deposit	$ 0.00
Anticipated Filing Fees / Costs	$ 0.00

Subtotal: $ 0.00
Total Retainer Due: $ 0.00

Payment Instructions: Please make checks payable to "[Law Firm Name] Client Trust Account". Funds will be held in escrow and applied against future billings in accordance with the signed Retainer Agreement.