RETAINER INVOICE

Invoice #: _____
Date: _____

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

BILL TO:

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

MATTER REFERENCE:

[Matter Name/Case Number]
[Attorney Name/Initials]

Description	Amount
Legal Services Retainer Fee - [Description of Scope]	$ 0.00
Initial Trust Account Deposit	$ 0.00

Subtotal: $ 0.00
Total Due: $ 0.00

Payment Instructions: Please make checks payable to "[Law Firm Name] Trust Account". For wire transfers, please use the instructions attached to this invoice.

Note: This retainer will be held in a trust account and applied against future billable hours and disbursements as outlined in the Representation Agreement.