

**[LAW FIRM NAME]**

[Address Line 1]

[City, State, Zip]

[Phone / Email]

**RETAINER INVOICE**

INVOICE # [0000]

DATE [Month DD, YYYY]

**BILL TO:**

[Client Name]

[Client Address]

[City, State, Zip]

**MATTER REFERENCE:**

[Matter Name / Case Number]

**ATTORNEY:**

[Responsible Attorney Name]

Description	Amount
Initial Legal Services Retainer Deposit	\$0.00
Trust Account Initial Funding	\$0.00
<b>Total Deposit Due:</b>	<b>\$0.00</b>

**PAYMENT INSTRUCTIONS:**

Please make checks payable to **[Law Firm Name] Trust Account**. Include the Invoice Number on your payment. For wire transfers or credit card payments, please contact our billing department.

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This deposit will be held in a client trust account and applied against future legal fees and costs as incurred, pursuant to the signed Engagement Agreement.