

RETAINER INVOICE

[Law Firm Name]

[Address / Contact Info]

INVOICE #
DATE

CLIENT INFORMATION

[Client Name]

[Address]

[Email/Phone]

MATTER REFERENCE

[Case Name / File Number]

ATTORNEY / PARTNER

[Lead Attorney Name]

| Description of Legal Services / Retainer Type | Amount |
|--|--------|
| Initial Trust Account Deposit (Retainer) for legal representation regarding the above-referenced matter. | |

Total Deposit Due: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Law Firm Trust Account]**

For Wire Transfers: [Bank Name] | [Routing #] | [Account #]

Note: These funds will be held in trust and applied against future billings.

This document serves as a formal request for a retainer deposit as outlined in the Signed Legal Representation Agreement.