

[LAW FIRM NAME]

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

ADVANCE DEPOSIT INVOICE

Invoice #: _____
Date: _____
Matter #: _____

BILL TO:

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

MATTER DESCRIPTION:

[Reference Name or Case Title]

Description of Advance Requirement	Amount
Initial Legal Services Retainer (to be held in Trust)	\$ 0.00
Anticipated Filing Fees / Costs Deposit	\$ 0.00
TOTAL DEPOSIT DUE:	\$ 0.00

PAYMENT INSTRUCTIONS

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

For wire transfers or credit card payments, please use the following details:
[Bank Name / Payment Link / Routing Info]

Note: Funds will be held in a client trust account and applied against future billings for fees and costs. Work will commence upon receipt of this deposit and a signed engagement letter.