

[FIRM NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

CONSULTING ESTIMATE

Estimate #: [000]
Date: [Date]
Expires: [Date]

CLIENT INFORMATION

[Client Name or Company]
[Contact Person]
[Client Address]
[Client Email]

MATTER REFERENCE

Subject: [e.g., Contract Review / Master Service Agreement]
Matter ID: [Case Number]

Service Description	Rate/Hr	Est. Hours	Line Total
Initial Document Review & Analysis	\$0.00	0.0	\$0.00
Contract Drafting/Redlining	\$0.00	0.0	\$0.00
Consultation & Negotiation Support	\$0.00	0.0	\$0.00

Service Description	Rate/Hr	Est. Hours	Line Total
Administrative/Filing Fees	-	-	\$0.00

Subtotal: \$0.00

Estimated Tax: \$0.00

Estimated Total: \$0.00

TERMS & NOTES

1. This is an estimate only, not a fixed-price contract. Final billing will reflect actual hours logged.
2. A retainer of [Percentage]% is required before commencement of legal consulting services.
3. This estimate does not include potential litigation costs or third-party expert fees.