

# CONSULTATION ESTIMATE

Family Law Practice Group

[Law Firm Address]

[City, State, Zip]

Estimate #: \_\_\_\_\_

Date: \_\_\_\_\_

Matter ID: \_\_\_\_\_

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## CLIENT INFORMATION

[Client Name]

[Client Address]

[Phone / Email]

## LEGAL MATTER DESCRIPTION

[e.g., Initial Divorce Consultation / Mediation]

Description of Services	Rate / Hour	Hours (Est.)	Amount
Initial Case Review & Document Analysis	\$		\$
Legal Consultation / In-Person Meeting	\$		\$
Preliminary Strategy Development	\$		\$
Administrative / Filing Fees (Estimated)	-	-	\$
Subtotal: \$	_____		
Retainer Required: \$	_____		

Estimated Total: \$ \_\_\_\_\_

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**Disclaimer:** This is a preliminary estimate for legal services based on the information provided. Actual costs may vary depending on the complexity of the matter, court appearances, and additional discovery required. This document does not constitute an attorney-client relationship.