

[LAW FIRM NAME]

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

CONSULTATION ESTIMATE

Estimate #: [0000]
Date: [Date]

CLIENT

[Client Name]
[Client Address]
[Client Email]

MATTER / CASE REF

[Case Name or Reference Number]
Lead Counsel: [Attorney Name]

| Description of Services | Rate | Hours/Qty | Total |
|--------------------------------------|--------|-----------|--------|
| Initial Case Review & Legal Research | \$0.00 | 0.0 | \$0.00 |
| Strategic Consultation Meeting | \$0.00 | 0.0 | \$0.00 |
| Document Drafting & Revision | \$0.00 | 0.0 | \$0.00 |

| Description of Services | Rate | Hours/Qty | Total |
|----------------------------|--------|-----------|--------|
| Administrative/Filing Fees | \$0.00 | 1 | \$0.00 |

Subtotal: \$0.00

Estimated Tax: \$0.00

Total Estimate: \$0.00

Disclaimer: This is an estimate of costs for legal services and is not a final invoice. Actual costs may vary based on the complexity of the matter and actual hours logged. This estimate does not constitute a formal attorney-client relationship until a retainer agreement is signed.

Estimate valid for [30] days.