INVOICE

Law Office of [Attorney Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:
[Client Name]
[Case Number / Matter ID]
[Court/Jurisdiction]
CHARGE(S):
[Primary Offense/Charges]

DATE	ATTORNEY	DESCRIPTION OF LEGAL SERVICES	HOURS	TOTAL
		Arraignment / Initial Appearance		
		Discovery Review & Evidence Analysis		
		Pre-trial Motion Preparation		
		Client Consultation / Phone Calls		
		Court Appearance: [Hearing Type]		
EXPENSES & DISBURSEMENTS				

DATE	ATTORNEY	DESCRIPTION OF LEGAL SERVICES	HOURS	TOTAL
		Filing Fees / Process Server	-	

Subtotal: $0.00
Retainer Applied: ($0.00)
TOTAL DUE: $0.00

Payment Instructions: Please make checks payable to "[Attorney/Firm Name]". For wire transfers or credit card payments, please contact our billing department.

Note: This timesheet serves as a privileged communication between attorney and client.