

RETAINER FEE INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

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

MATTER REFERENCE:

[Matter Name/Case Number]
Lead Attorney: [Attorney Name]

Description	Amount
Initial Legal Services Retainer Funds to be held in Trust/Escrow account for future legal services and disbursements.	\$0.00

Total Retainer Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to [Law Firm Trust Account].
For Wire Transfers: Bank: [Bank Name] | Account: [Account #] | Routing: [Routing #]

This retainer is subject to the terms and conditions outlined in the Legal Services Agreement signed on [Date]. Funds will be held in a client trust account and applied against future billings.