

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [Case Number]

TO:
[Client Name]
[Client Address]
[City, State, Zip]
RE: [e.g., Dissolution of Marriage / Custody Matter]

PROFESSIONAL SERVICES

Date	Attorney	Description of Service	Hours	Total
[Date]	[Initials]	[Description of legal work performed]	[0.00]	[\$[0.00]]
[Date]	[Initials]	[Description of legal work performed]	[0.00]	[\$[0.00]]

ADDITIONAL EXPENSES (Costs Advanced)

Date	Description	Amount
[Date]	[e.g., Court Filing Fees / Process Server]	[\$[0.00]]

Total Professional Fees: \$[0.00]

Total Expenses: \$[0.00]

BALANCE DUE: \$[0.00]

Please make all checks payable to [Law Firm Name].

Thank you for your trust in our legal services.