

# [LAW FIRM NAME]

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

## RETAINER INVOICE

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]  
**Matter ID:** [Case Reference]

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### CLIENT INFORMATION

[Client Name]  
[Company Name]  
[Address Line 1]  
[Address Line 2]

### CASE / MATTER

**Subject:** [Matter Description / Legal Service Type]  
**Attorney:** [Lead Attorney Name]

Description of Service / Retainer Type	Amount
Initial Retainer Deposit for Legal Representation	\$0.00
[Additional Item / Administrative Fee]	\$0.00

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Subtotal: \$0.00  
Tax (if applicable): \$0.00  
TOTAL DUE: \$0.00

**PAYMENT INSTRUCTIONS**

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Please make all checks payable to **[Law Firm Name]**. For wire transfers or credit card payments, please contact our billing department at [Phone Number].

*Note: Funds will be held in a dedicated Trust Account and applied against future billable hours and disbursements as per the signed Retainer Agreement.*