

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
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INVOICE

Invoice #: [0000]
Date: [Date]
Matter ID: [Client-001]

BILL TO

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

MATTER

[Description of Asset Protection Strategy]
(e.g., Family Limited Partnership or Domestic Asset Protection Trust)

Date	Professional / Description of Service	Rate/Fee	Hours	Total
[Date]	[Attorney Name] - Initial Consultation & Wealth Structure Analysis	[\$0.00]	[0.0]	[\$0.00]
[Date]	Drafting [Specific Trust/Entity Name] and Ancillary Documents	[\$0.00]	[0.0]	[\$0.00]

Date	Professional / Description of Service	Rate/Fee	Hours	Total
[Date]	Filing Fees / Administrative Costs	\${0.00}	-	\${0.00}

Subtotal: \${0.00}
Retainer Applied: (\${0.00})
Amount Due: \${0.00}

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Confidential legal services rendered regarding asset protection and estate planning.