

**[LAW FIRM NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]

**INVOICE**

Invoice #: [0000]  
Date: [Date]  
Matter ID: [Case-Ref]

**TO:**  
[Client Name]  
[Client Address]  
[City, State, Zip]

**MATTER RE:**  
[Estate Planning / Elder Law / Probate]  
[Subject Name/Property]

Date	Professional Service / Description	Rate	Hours	Total
[MM/DD]	Initial Consultation & Document Review	[\$0.00]	[0.0]	[\$0.00]
[MM/DD]	Drafting of Last Will & Testament / Power of Attorney	[\$0.00]	[0.0]	[\$0.00]
[MM/DD]	Medicaid Asset Protection Trust Analysis	[\$0.00]	[0.0]	[\$0.00]
[MM/DD]	Administrative Filing Fees / Disbursements	-	-	[\$0.00]

Services Total: [\$0.00]  
Expenses: [\$0.00]

**Total Due: [\$0.00]**

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

Thank you for allowing us to assist with your legal affairs.