

# Assigned Counsel Professional Fees Invoice

**Counsel Information:**

Name: \_\_\_\_\_

Bar ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Invoice Details:**

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Client Name: \_\_\_\_\_

**Case Category:** [ ] Felony [ ] Misdemeanor [ ] Family [ ] Other: \_\_\_\_\_

Date	Description of Service (In-Court / Out-of-Court)	Hours	Rate	Total

**Disbursements / Expenses:**

Date	Item Description	Amount

Total Fees:	\$
Total Expenses:	\$
<b>Grand Total:</b>	<b>\$</b>

I hereby certify that the above services were rendered and that the expenses listed were actually and necessarily incurred in the representation of the assigned client.

Attorney Signature

Date signed