

# INVOICE

Assigned Counsel Services

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

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

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## Attorney Information:

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

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

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

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

## Case Information:

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

Case Number: \_\_\_\_\_

Court: \_\_\_\_\_

Charge(s): \_\_\_\_\_

## Professional Services Rendered

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

## Reimbursable Expenses (Travel, Photocopies, etc.)

Date	Description	Amount

Date	Description	Amount

<b>Subtotal Fees</b>	\$
<b>Total Expenses</b>	\$
<b>TOTAL DUE</b>	\$

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**Certification:** I hereby certify that the above services were performed and expenses incurred in the representation of the assigned client.

Attorney Signature

Date Signed