

[LAW FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

CASE REFERENCE:

Matter: Bankruptcy Consultation
Chapter: [7 / 11 / 13]
File ID: [Reference Number]

Description of Services	Hours/Qty	Rate	Amount
Initial Legal Consultation & Financial Assessment	[0.0]	[\$0.00]	[\$0.00]
Means Test Analysis / Document Review	[0.0]	[\$0.00]	[\$0.00]
Administrative / Filing Fees	1	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Retainer Applied: (\$[0.00])
Balance Due: \$[0.00]

Payment Terms: Due upon receipt. Please make checks payable to "[Law Firm Name]".

Disclaimer: This invoice covers consultation services only and does not constitute a full retainer agreement for bankruptcy filing unless otherwise specified in writing.