

LAW OFFICES OF [ATTORNEY NAME]

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

INVOICE

Invoice #: [0000]
Date: [Date]

BILL TO:

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

CASE DETAILS:

Chapter 13 Case #: [00-00000]
Trustee: [Trustee Name]
Court: [District Court]

Date	Description of Legal Services / Expenses	Hours/Qty	Rate	Amount
[Date]	Initial Consultation & Financial Analysis	[0.0]	[\$0.00]	[\$0.00]
[Date]	Preparation of Schedules & Chapter 13 Plan	[0.0]	[\$0.00]	[\$0.00]
[Date]	Attendance at 341 Meeting of Creditors	[0.0]	[\$0.00]	[\$0.00]
[Date]	Court Filing Fee (Advanced Cost)	1	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Less Retainer Paid: (\$[0.00])

Total Balance Due: \$[0.00]

Portion to be paid through Chapter 13 Plan: \$[0.00]

Please make all checks payable to [Attorney/Firm Name].

This is an attempt to collect a debt and any information obtained will be used for that purpose.