

[LAW FIRM NAME]

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

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]

CLIENT / DEBTOR

[Client Full Name]
[Mailing Address]
[City, State, Zip]

CASE INFORMATION

Matter: [Chapter 7 / 13 Bankruptcy]
Case Number: [00-00000]
Attorney: [Name]

Date	Description of Legal Services / Costs	Hours	Rate/Price	Total
[Date]	Initial Consultation and Financial Review	[0.0]	[\$0.00]	[\$0.00]
[Date]	Petition, Schedules, and Statement of Financial Affairs Preparation	[0.0]	[\$0.00]	[\$0.00]
[Date]	Court Filing Fee (Advanced Cost)	-	[\$0.00]	[\$0.00]

Date	Description of Legal Services / Costs	Hours	Rate/Price	Total
[Date]	Credit Report & Due Diligence Fees	-	[\$[0.00]]	[\$[0.00]]

Subtotal: \$0.00

Trust/Retainer Applied: (\$0.00)

Balance Due: \$0.00

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

This invoice is for legal services rendered in connection with your consumer bankruptcy filing. For questions regarding this statement, please contact our billing department.