

LEGAL INVOICE

Debt Relief Services

Invoice #: _____

Date: _____

Case ID: _____

FROM:

[Law Firm Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

BILL TO:

[Client Name]

[Client Address]

[City, State, Zip]

[Client Phone]

Description of Legal Services	Hours/Qty	Rate	Amount
Initial Debt Assessment & Consultation			
Creditor Communication & Negotiation			
Document Review & Legal Filing Fees			
Settlement Agreement Drafting			

Subtotal: \$ _____
Tax/Administrative Fees: \$ _____
Total Balance Due: \$ _____

Payment Terms: Due within [X] days. Please make checks payable to [Law Firm Name].

Disclaimer: Legal services provided are limited to debt relief and negotiation as outlined in the retainer agreement.