

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Case #: [Court Case Number]
Chapter: [7/11/13]

BILL TO:

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

Date	Description of Legal Services	Hours	Rate	Total
[MM/DD]	Initial Consultation & Financial Review	[0.00]	[\$[0.00]]	[\$[0.00]]
[MM/DD]	Preparation of Schedules & Statement of Financial Affairs	[0.00]	[\$[0.00]]	[\$[0.00]]
[MM/DD]	Attendance at 341 Meeting of Creditors	[0.00]	[\$[0.00]]	[\$[0.00]]

Disbursements / Filing Fees	Amount
Court Filing Fee	[\$[0.00]]

Disbursements / Filing Fees**Amount**

Credit Report / Due Diligence Fees

\${0.00}

Services Subtotal: \${0.00}**Expenses Subtotal: \${0.00}****Less Retainer Paid: (\${0.00})****Balance Due: \${0.00}**

Payment Terms: Due within [X] days. Please make checks payable to "[Law Firm Name]".*Notice: This firm is a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.*