

Attorney Consulting Fee Statement

Client Name:

Case Number:

Date:

Consultation Details

Date	Description of Services	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Due:

Payment Due By:

Authorized Signature:

Thank you for your business.