

Law Firm Service Estimate

Date:

Client Name:

Client Address:

Service Description	Estimated Hours	Hourly Rate	Estimated Cost
<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"/>	<input type="text"/>	<input type="text"/>
Total Estimate			<input type="text"/>

Additional Notes:

Prepared By:

Contact Information: