

RETAINER RECEIPT

Receipt No: _____

Date: _____

Matter No: _____

CLIENT INFORMATION

Client Name:

Address:

Phone:

Email:

Matter Description:

PAYMENT INFORMATION

Amount Received:

Payment Method:

Check / Ref No:

Received By:

TRUST ACCOUNT ALLOCATION

ACCOUNT NAME	ACCOUNT / REFERENCE NUMBER	ALLOCATED AMOUNT

The funds received under this receipt represent a legal retainer deposit. These funds shall be held in the designated Attorney Trust Account / IOLTA in accordance with state bar rules and applicable professional responsibility regulations. No attorney-client relationship is finalized or maintained solely by this deposit, but is governed by the fully executed Retainer Agreement.

Authorized Signature

On behalf of Law Firm

Client Signature

Acknowledgment of Receipt
