Pro Bono Legal Services Acknowledgment Receipt

Date:

Receipt No:

Matter/Case No:

PROVIDER INFORMATION

Firm/Organization:

Attorney:

Address:

Phone/Email:

CLIENT INFORMATION

Client Name:

Phone:

Address:

Email:

DESCRIPTION OF LEGAL SERVICES RENDERED

DESCRIPTION OF SERVICE	HOURS	HOURLY RATE	EQUIVALENT VALUE
Total Equivalent Value of Services:			
Total Amount Billed to Client:			**$0.00**

By signing below, the parties acknowledge and agree that the legal services described above were provided on a pro bono basis. No financial compensation has been demanded, received, or is expected from the client for these specified services. This receipt is executed solely for the purpose of documenting the contribution and receipt of professional services.

_____

Representative/Attorney Signature

Date:

_____

Client Signature

Date: