LEGAL AID ONTARIO
AIDE JURIDIQUE ONTARIO

Certificate/Duty Counsel Guaranteed Daily Rate Account

You are allowed to bill one GDR per day for ALL legal aid services provided on that day, including certificate services, duty counsel services or both. Any other accounts for services on that date will be disallowed.

Complete *Table One* for the date of GDR services. If you acted as duty counsel on the GDR date, complete the back of this form providing particulars of the services rendered. Complete *Table Two* to record GDR travel (the day prior to the date of GDR services) or the GDR payable in the event the GDR service date is cancelled, if applicable. Complete *Table Three* to record your disbursements, if any. Receipts for disbursements must be attached.

Solicitor Number

Solicitor Name

Initials | Surname (Please Print)

TABLE ONE

GDR SERVICE DATE:	M M D D Y Y Y Y
CIRCLE SERVICE LOCATION AREA: **01** – Algoma **05** – Cochrane **15** – Kenora **22** – Sudbury/Manitoulin **35** – Rainy River **39** – Temiskaming **40** – Thunder Bay **48** – Nishnawbe-Aski	**ENTER MUNICIPALITY WHERE WORK WAS SCHEDULED:**
DID YOU ACT AS CRIMINAL DUTY COUNSEL ON THE GDR SERVICE DATE?	**YES** ☐ **NO** ☐
DID YOU ACT AS CIVIL DUTY COUNSEL ON THE GDR SERVICE DATE?	**YES** ☐ **NO** ☐

LIST ALL CERTIFICATES ON WHICH YOU PERFORMED SERVICES ON THE GDR SERVICE DATE AND INDICATE IF FURTHER SERVICES WILL BE BILLED ON EACH CERTIFICATE:

CERTIFICATE #	**CLIENT NAME**	**WILL FURTHER SERVICES BE BILLED? (Y/N)**
GDR SERVICE FEE:		**$ _____**

TABLE TWO

GDR TRAVEL/CANCELLATION DATE:	M M D D Y Y Y Y
GDR TRAVEL/CANCELLATION FEE:	**$ _____**

TOTAL GDR FEES CLAIMED:	**$ _____**

TABLE THREE

DISBURSEMENTS:

(A) TRAVEL (Complete if driving more than 200 km one way)			(B) OTHER (Attach receipts)	
FROM	TO	KM	DESCRIPTION	$

(B) OTHER DISBURSEMENTS: $ _____

(A) TOTAL OF KILOMETRES _____ X .305 cents/km = TRAVEL DISBURSEMENTS: $ _____

TOTAL DISBURSEMENTS CLAIMED:	**$ _____**

G.S.T. Registration No.	AMOUNT OF H.S.T. BILLED ON TOTAL FEES: $ _____	AMOUNT OF H.S.T. BILLED ON TOTAL DISBS: $ _____	**TOTAL H.S.T.** **$** _____

I CERTIFY THAT THE ABOVE SERVICES WERE RENDERED BY ME:

_____ Date of Account:

_____ Solicitor's Signature

FOR OFFICE USE ONLY		
Rates checked	Billable hours checked	GDR approved

THIS ACCOUNT HAS BEEN APPROVED BY THE AREA DIRECTOR/SUPERVISORY DUTY COUNSEL

_____ Date of Approval

_____ Area Director/Supervisory Duty Counsel

As duty counsel I assisted the following persons:

Please print legibly or type

	Name	Date of Birth	Financial Eligibility			Service 1	Service 2	Service 3
	(Surname, First Name)	(mm/dd/yyyy)	Eligible	Not Eligible	No Test	*Insert up to 3 service numbers from Legend, include 0 for services 01 – 09*		
1.			☐	☐	☐			
2.			☐	☐	☐			
3.			☐	☐	☐			
4.			☐	☐	☐			
5.			☐	☐	☐			
6.			☐	☐	☐			
7.			☐	☐	☐			
8.			☐	☐	☐			
9.			☐	☐	☐			
10.			☐	☐	☐			
11.			☐	☐	☐			
12.			☐	☐	☐			
13.			☐	☐	☐			
14.			☐	☐	☐			
15.			☐	☐	☐			
16.			☐	☐	☐			
17.			☐	☐	☐			
18.			☐	☐	☐			
19.			☐	☐	☐			
20.			☐	☐	☐			
21.			☐	☐	☐			
22.			☐	☐	☐			
23.			☐	☐	☐			
24.			☐	☐	☐			
25.			☐	☐	☐			
26.			☐	☐	☐			
27.			☐	☐	☐			
28.			☐	☐	☐			
29.			☐	☐	☐			
30.			☐	☐	☐			
31.			☐	☐	☐			
32.			☐	☐	☐			
33.			☐	☐	☐			
34.			☐	☐	☐			
35.			☐	☐	☐			
36.			☐	☐	☐			
37.			☐	☐	☐			
38.			☐	☐	☐			
39.			☐	☐	☐			
40.			☐	☐	☐			
41.			☐	☐	☐			
42.			☐	☐	☐			
43.			☐	☐	☐			
44.			☐	☐	☐			
45.			☐	☐	☐			
46.			☐	☐	☐			
47.			☐	☐	☐			