

Form 50 Criminal Certificate Account Form

If you do not fully complete this form, it may be returned to you.

1. Certificate	Number (no dashes) <input style="width: 80%;" type="text"/>	Issue Date (mm/dd/yyyy) <input style="width: 80%;" type="text"/>	Effective Date (mm/dd/yyyy) <input style="width: 80%;" type="text"/>	Your Invoice # <input style="width: 95%;" type="text"/>
Northern Ont. <input type="checkbox"/>	Billing Period for this Account: <input style="width: 80%;" type="text"/>	First Date of Service (mm/dd/yyyy) <input style="width: 80%;" type="text"/>	Last Date of Service (mm/dd/yyyy) <input style="width: 80%;" type="text"/>	

2. Client Name	Initials <input style="width: 80%;" type="text"/>	Surname <input style="width: 95%;" type="text"/>
-----------------------	---	--

3. Lawyer Information	Solicitor # (no dashes) <input style="width: 80%;" type="text"/>	Initials <input style="width: 80%;" type="text"/>	Surname <input style="width: 95%;" type="text"/>
------------------------------	--	---	--

4. Fees and Disbursements	Total Fees Billed <input style="width: 80%;" type="text"/>	+ Total Disbursements Billed <input style="width: 80%;" type="text"/>	= Total Billed <input style="width: 80%; background-color: #cccccc;" type="text"/>
----------------------------------	--	---	--

5. GST Information	Amount of GST Billed on	Total GST Billed
GST Registration # <input style="width: 80%;" type="text"/>	Fees <input style="width: 80%;" type="text"/>	Disbursements <input style="width: 80%; background-color: #cccccc;" type="text"/>

6. Account Information	Account Type	Interim <input type="checkbox"/>	Final <input type="checkbox"/>	Supplementary <input type="checkbox"/>
Has the work authorized by this certificate been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If the answer is no, why was it not completed? <input style="width: 95%;" type="text"/>				

Will any further accounts be rendered for services or disbursements authorized by this certificate? Yes No

7. Authorized Criminal Proceedings and Outcome

Under **Charge/Authorization**, indicate only the most serious charge in each proceeding for which you are billing. If more than one charge is dealt with in the same proceeding (i.e.: charges are disposed of in the same court at the same time) you are entitled to only one maximum based on the most serious charge. The most serious charge is the one that generates the highest maximum. For authorizations that are not charge specific, e.g.: appeals, bail reviews, prerogative remedies, Ontario Review Board hearings, etc., list the authorization and complete columns. **# of Days of Proceeding** and **# of Hours in Court**.

Under **Type of Offence**, if the Crown does not make an election with respect to a Crown election offence, for the purposes of the Legal Aid tariff, the charge is treated as a summary conviction.

Under **Plea/Outcome**, indicate 'no plea' if the case is incomplete or if the charge is not fully disposed of. In these circumstances you are normally allowed a fee up to the tariff maximum for a guilty plea for the charge.

Under **# of Days of Proceedings**, indicate the number of full and half days in court for preliminary hearing, trial, sentencing or appeal hearing. Do not include attendances on remands, adjournments, set dates, bail hearings or pretrials.

Under **# of Hours in Court**, indicate the total of the actual time in court for preliminary hearing, trial, sentencing or appeal hearing. Do not include time in court for remands, adjournments, set dates, bail hearings or pretrials. In summary conviction and type I indictable proceedings and bail review, court time is included in the tariff maximums.

Line	Charge/Authorization	Type of Offence		Plea/Outcome				# of Days of Proceedings		# of Hours in Court
								Full days	½ days	
								Summary Conviction	Indictable	
1.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

Other comments:

# of bail hearings held <input style="width: 80%;" type="text"/>	# of pretrials with judge <input style="width: 80%;" type="text"/>	# of Charter motions <input style="width: 80%;" type="text"/>	# of DNA applications <input style="width: 80%;" type="text"/>	Were the charges heard separately? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--	---	--	---

8. Was there a co-accused? Yes No

If yes, name(s) of co-accused:

If yes, did you represent the co-accused? Yes Certificate Number (no dashes)

Name(s) of other lawyer(s) representing accused:

9. Private Retainer Information

I was not retained by the client to perform services with respect to the same or any ongoing matter prior to the effective date of this certificate.

I was retained by the client to perform services with respect to the same or an ongoing matter prior to the effective date of this certificate, and received a total of:

on account of fees and disbursements or am acting on certificate number (no dashes):

10. Services Provided

For all certificates acknowledged on or after May 1, 2004, the administrative fee will be paid with the first account on the certificate.

Did you acknowledge this certificate on or after May 1, 2004? Yes No

Is this your first account on this certificate? Yes No

Line	Date (mm/dd/yyyy)	Description of Service	Work Done By (Solicitor #)	Rate \$/hr	Time		Hours in 10 ^{ths}	Fee \$
					From:	To:		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

If you need more rows, please continue in section 10b of this form. Make sure "Total Fees Billed" includes the total of all rows.

<input type="checkbox"/>	Letters sent and received at 0.1 hour per letter		
Sub-Total Fees (carried from section 10b)			
Total Fees Billed			

11. Summary of Hours Billed

Count each hour of clerk/student time as 1/3 of an hour

Initials Include solicitor # (no dashes)	Surname	Hours Billed	Travel Hours Billed (if authorized)
Total Hours Billed			

12. Disbursements

Attach receipts and authorizations

Line	Description	Amount (without GST)	PST incl.	GST Amount
	Faxes at \$0.25 per page			
	Photocopies made at \$0.10 per page			
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	
6.			<input type="checkbox"/>	
7.			<input type="checkbox"/>	
8.			<input type="checkbox"/>	
9.			<input type="checkbox"/>	
10.			<input type="checkbox"/>	

If you need more rows, please continue in section 12b of this form. Make sure "Total Disbursements" includes the total of all rows.

Sub-Total Disbursements (carried from section 12b)		
Total Disbursements		

This account is submitted in compliance with the legal aid tariff and no increase is claimed which will require the exercise of discretion by a legal accounts officer. Discretion is not required Discretion is required

If you are seeking a discretionary increase, you must submit a detailed written request with this account explaining why a discretionary increase is justified.

I certify that the legal aid services were provided by me or by any other person described in this document. The disbursements described were paid or liability for them was incurred, and they were necessary and proper. I have duly performed all my duties under sections 19 through 23 of the Legal Aid Ontario Regulation 106/99 and I have taken all steps to obtain payment on behalf of my client and Legal Aid Ontario.

I acknowledge that I am required by the *Legal Aid Services Act* and regulations to send a copy of this account to my client.

13. Lawyer's Signature

Date of Account (mm/dd/yyyy)

--	--

10b. Services Provided (continued from section 10)

Line	Date (mm/dd/yyyy)	Description of Service	Work Done By (Solicitor #)	Rate \$/hr	Time		Hours in 10 ^{ths}	Fee \$
					From:	To:		
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								

Sub-Total Fees Billed (this page only)
 Carry this total to Sub-Total Fees Billed in section 10

12b. Disbursements (continued from section 12)

Line	Description	Amount (without GST)	PST incl.	GST Amount
	Faxes at \$0.25 per page			
	Photocopies made at \$0.10 per page			
11.			<input type="checkbox"/>	
12.			<input type="checkbox"/>	
13.			<input type="checkbox"/>	
14.			<input type="checkbox"/>	
15.			<input type="checkbox"/>	
16.			<input type="checkbox"/>	
Sub-Total Disbursements (this page only)				
Carry this total to Sub-Total Disbursements in section 12				