

**Duty Counsel Statement of Account and Services**

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| *If you do not fully complete this form, it may be returned to you.* |
|  |  |  |  |
| Solicitor Number: |       | Lawyer Name: |       |
|  *Do not include dashes* |  |
| Service Location: |       | *This number must be the two-digit code assigned to the area office in this location.* |
|  |  |  |  |
| Duty Counsel Type: | Choose an item. | *Click on drop-down menu to select duty counsel type* |
|  |  |  |  |  |  |
| As duty counsel I performed services under the *Legal Aid Services Act* and Regulation as follows: |
| **Date of Service****(mm/dd/yyyy)** | **Start Time** | **End Time** | **Total Hours** *(See note #1 below)* | **Rate** *(See note #2 below)* | **Fees** |
|       |       |       |       X | Choose an item. |       |
|  |       |       |       X | Choose an item. |       |
|  |       |       |       X | Choose an item. |       |
|  |       |       |       X | Choose an item. |       |
|  |  | Appearance Fee:*(See note #3 below)*  | $40.00 | $40.00 |
|  |  | **Total Service Fees**  |       |
|  |  |  |  |  |  |
| **Travel Time***(see note #4 below)* | **Start Time** | **End Time** | **Total Hours** | **Rate** | **Fees** |
| To Service Location: |       |       |       | Choose an item. |       |
| From Service Location: |       |       |       | Choose an item. |       |
|  |  |  | **Total Travel Fees**  |       |
|  |  |  |  |
| **Disbursements** | **Description**  |  | **Amount** |
| Mileage:*(see note #5 below)* |       km | X 2 (return trip) x hourly rate/km | Choose an item. | = |       |
|  | *# of km between office location and service location* |  |  |
|  |  |  |
| Other: |       |       |
|  |       |       |
|  |       |       |
|  |  | **Total Disbursements**  |       |
|  |  |  |  |  |
|  |  |  | HST for Fees (13%)  |       |
|  |  |  |  |  |
|  | HST # |       | HST for Disbursements (13%) |       |
|  | *(Only required on first account)* |  |  |
|  |  |  |  | **Total Billed**  |       |
| I certify that the above services were rendered by me: |  |  |
| Date of Account: |        |  |       |
|  | (mm/dd/yyyy) |  | Lawyer's Signature |  |

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| NOTES 1. Total Hours: if a lunch break is taken, record hours of service before and after lunch separately
2. Rate: Duty Counsel Service Rates:
* Standard: $109.14/hour
* Remote North: $120.05/hour (Cochrane, Kenora, Rainy River, Temiskaming)
1. Appearance fee is fixed at $40.00
2. Travel time hourly rates
* Standard: $43.00/hour
* Remote North: $47.30/hour
1. Mileage rates:
* Standard: $0.40/km
* Northern: $0.41/km
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| Account approval     Signature of Supervisory Duty Counsel/Area Director     Date (mm/dd/yyyy) |

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|  |  | As duty counsel I assisted the following persons: |
|  |  |  |  |  |  |  |  |
| *Please print legibly or type* |  |  |  |  |  |  |  |
|  | **Name** | **Does client identify as First Nation, Métis, Inuit?** | **Date of Birth** | **Financial Eligibility** | **Service 1** | **Service 2** | **Service 3** |
|  | (Surname, First Name)  | Yes | No | Not Asked | (mm/dd/yyyy) | Eligible | Not Eligible | Newly Eligible | No Test | *Insert up to 3 service numbers from Legend, include 0 for services 01 – 09* |
|  |       |[ ] [ ] [ ]        |[ ] [ ] [ ] [ ]        |       |       |
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