

**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.* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.* | | | | | | | | | | | | | | | | | | | |
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| 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* | | | | | | | | | | | | | | | | | | |  |  | | |
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| Other: |  | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | **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 | |  | | --- | | 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: | | | | | | | | | | | | |
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| *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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