

# 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.

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| Solicitor number | Solicitor name |
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Initials |

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Surname (please print) |

## TABLE ONE

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| **GDR SERVICE DATE:**  |  |  |  |  |  |  |  |  |
| M | M | D | D | Y | Y | Y | Y |
| **SELECT SERVICE LOCATION AREA:**[ ]  **01** – Algoma [ ]  **05** – Cochrane [ ]  **15** – Kenora [ ]  **22** – Sudbury/Manitoulin[ ]  **35** – Rainy River [ ]  **39** – Temiskaming [ ]  **40** – Thunder Bay [ ]  **48** – Nishnawbe-Aski | **ENTER LOCATION OF COURT WHERE WORK WAS SCHEDULED:**  |
| WAS YOUR GDR SERVICE CANCELLED THIS DAY? |  **YES** [ ]  **NO** [ ]  |
| 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** [ ]  |
| DID YOU ACT ON ONE OR MORE CERTIFICATES ON THE GDR SERVICE DATE? |  **YES** [ ]  **NO** [ ]  |
| WERE YOU REQUIRED TO TRAVEL THE DAY BEFORE? |  **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** | **DOES CLIENT IDENTIFY AS FIRST NATION, MÉTIS, OR INUIT? (Y/N/NA)** | **WILL FURTHER SERVICES BE BILLED? (Y/N)** |
|       |       |       |       |
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| **GDR SERVICE FEE:** |  **$**  |

## TABLE TWO

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

|  |  |
| --- | --- |
| **TOTAL GDR FEES CLAIMED:** | **$**  |

## TABLE THREE

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| **DISBURSEMENTS:** |
| (A) TRAVEL (Complete if driving more than 200 km one way) | (B) OTHER (Attach receipts) |
| FROM | TO | KM | DESCRIPTION | $ |
|       |       |       |       |       |
|       |       |       |       |       |
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| (A) TOTAL OF KILOMETRES X .41 cents/km = TRAVEL DISBURSEMENTS: $      (B) OTHER DISBURSEMENTS: $        |
| **TOTAL DISBURSEMENTS CLAIMED: $**  |

|  |  |  |
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| H.S.T. Registration No. | Amount of H.S.T. billed on | Total H.S.T. |
|       | Total fees: $       | Total DISBS: $       | $       |

I CERTIFY THAT THE ABOVE SERVICES WERE RENDERED BY ME:

Date of Account: Solicitor’s Signature

|  |  |
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| **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 |

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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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