

# Hourly Case Management Plan

<b>Lead Counsel – Name</b>
<b>Legal Aid file Number</b>
<b>Date completed/updated</b>

PLEASE SUBMIT YOUR COMPLETED FORM BY EMAIL TO [ASSESSMENTMANAGEMENT@LEGALAID.AB.CA](mailto:ASSESSMENTMANAGEMENT@LEGALAID.AB.CA)

## PART A: CASE DETAILS

**Client's Name & DOB:**

**Certificate Number:**

**Is your client being held in custody?**

Yes

No

**Level of Certificate:**

Indictable

Major

**What is the nature of your client's case:**

*Please describe charges and main issues, if there are co-accused or co-parties and their counsel, whether a high profile case etc.*

**Are you original counsel?**

Yes

No

**Was there a private retainer?**

Yes

No

If Yes, please provide specific details including your hourly rate and the total amount billed. Please attach copies of all accounts with your opinion.

**If setting for trial or sentencing what is your estimate of trial length or sentencing?**

*(ie, how many hearing days?)*

**If the matter is already set for trial, PI or sentencing when is the matter being heard and for how long?**

*(dd/mm/yy)*

**By whom will the matter be heard?**

*(judge alone/ jury trial/TBD)*

### Resolution Discussions

Please describe if there have been resolution discussions and their nature

### Additional Information

General information about the client or type of case. Please attach any file summaries or statement of facts that you may have.

## PART B: CASE DETAILS

Please provide an overview of the anticipated path of your case. Please indicate whether there are anticipated preliminary hearings, pre-trial motions including third party disclosure, Charter applications and/ or long term/ dangerous offender applications etc.

**Witnesses****Prosecution/ Opposing Party witnesses.**

Please provide the following details in respect of witnesses:

- The number of witnesses
- The number of witness briefs currently served and their length
- The number of witnesses required to attend in person at trial

**Client's Witnesses**

Please provide the following details in respect of witnesses that you intend to call:

- The number of witnesses
- The anticipated preparation required for each witness and nature of that preparation
- The number of witnesses required to attend in person at trial of the prosecution

**Expert Witnesses**

**Please provide the following details in respect of expert witnesses:**

- How many defence/ Crown/ other expert witnesses will be called
- What is the nature of the expert's expertise
- If you are calling the witnesses, what are their hourly rates and anticipated cost

**PART C: ANTICIPATED BUDGET**

**A. ANTICIPATED HOURS (These are the hours that you anticipate will be needed to conduct this matter appropriately).**

Type of Hours	Number of Hours	Detail of proposed work
Number of Anticipated Hours Needed for Disclosure Review		
Number of Anticipated Hours Needed for Preliminary/ Discovery		
Number of hours for Trial (preparation and attendance)		

Number of Anticipated hours for sentencing		
<b>Total Number of Anticipated Hours</b>		

**B. Second Counsel/ Junior Counsel/ Student-at-law (If Applicable).** Please note that lead counsel must obtain prior approval for second counsel/ junior counsel/ student- at-law prior to that individual's use of hours. Legal Aid will only fund these counsel in exceptional circumstances such as when there is anticipated to be significant disclosure review, significant legal research or the legal and factual complexities of the case necessitate junior or co-counsel. Legal Aid will not approve second/junior counsel or students for purposes of note taking or training.

Activity	Number of Hours
Second/Junior/Student preparation hours	
Second/ Junior/ Student per diem hours	
<b>Total number of Second/ Junior/ Student Hours</b>	

**C. ANTICIPATED DISBURSEMENTS**

Type of Disbursement	Anticipated Cost
Private Investigators	\$
Expert Witnesses:	\$
Travel and Mileage Costs (Counsel):	\$
Travel and Mileage Costs (witnesses)	\$
Private psychological/ psychiatric Assessments	\$
Other (Please Specify)	\$
<b>Total Estimated Cost of Disbursements</b>	\$

**I CONFIRM THAT THIS APPLICATION HAS BEEN ACCURATELY COMPLETED TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE TO ABIDE BY THE HOURLY CASE MANAGEMENT RULES AND POLICIES, INCLUDING BILLING POLICIES.**

**I CONFIRM THAT I UNDERSTAND THE FOLLOWING:**

- **IF I AM ACCEPTED FOR HOURLY CASE MANAGEMENT, I CANNOT UTILIZE THE BLOCK TARIFFS FOR BILLING ON THIS MATTER AND MUST INSTEAD USE THE HOURLY CASE MANAGEMENT PROCESS.**
- **I AM OBLIGATED TO KEEP TIME RECORDS AND PROVIDE SAID RECORDS OF MY TIME AND DISBURSEMENTS TO LEGAL AID ALBERTA UPON REQUEST. IF I DO NOT PROVIDE TIME RECORDS, LEGAL AID ALBERTA RESERVES THE RIGHT TO REFUSE OR RESTRICT MY COMPENSATION ON THIS MATTER.**
- **ACCEPTANCE INTO THE HOURLY CASE MANAGEMENT PROGRAM DOES NOT GUARANTEE THAT LEGAL AID ALBERTA WILL APPROVE ALL HOURS THAT I REQUEST. I AGREE TO REQUEST HOURS AS I REQUIRE THEM AND WILL PROVIDE LEGAL AID ALBERTA WITH EXPLANATION FOR ALL HOURS REQUESTED. LEGAL AID ALBERTA RESERVES THE RIGHT TO REFUSE TO GRANT HOURS IF THE REQUEST IS FOUND TO BE UNREASONABLE OR UNJUSTIFIED IN THE CIRCUMSTANCES OF THE CASE.**

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**DATE**

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**COUNSEL NAME (PLEASE PRINT)**

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**COUNSEL SIGNATURE (PLEASE SIGN)**