

# FORM 1

Appendix "B"

## SUMMARY STATEMENT OF HOURS - CONSULTANTS AND LEGAL COUNSEL

A separate form is required for each consultant or legal counsel

|                                                                                                                                       |       |                       |           |     |       |
|---------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|-----------|-----|-------|
| Board File Number _____                                                                                                               |       | Party Name _____      |           |     |       |
| Legal Counsel Name _____                                                                                                              |       | Law Firm _____        |           |     |       |
| Consultant Name _____                                                                                                                 |       | Consultant Firm _____ |           |     |       |
| Years of Relevant Experience<br>(curriculum vitae must be attached)                                                                   |       | Year of Call _____    |           |     |       |
|                                                                                                                                       | Hours | Hourly Rate           | Sub-total | GST | Total |
| Preparation                                                                                                                           |       |                       |           |     |       |
| Attendance - Technical Conference                                                                                                     |       |                       |           |     |       |
| Attendance - Settlement Conference                                                                                                    |       |                       |           |     |       |
| Attendance - Oral Hearing                                                                                                             |       |                       |           |     |       |
| Argument                                                                                                                              |       |                       |           |     |       |
| Case Management                                                                                                                       |       |                       |           |     |       |
| TOTALS                                                                                                                                |       |                       |           |     |       |
| <b>Note:</b> All claims must be in Canadian dollars. If applicable, state exchange rate _____, and country of initial currency _____. |       |                       |           |     |       |