

#### **BY EMAIL and RESS**

Mark Rubenstein mark@shepherdrubenstein.com Dir. 647-483-0113

December 21, 2018 Our File: CO20180120

Ontario Energy Board 2300 Yonge Street 27th Floor Toronto, Ontario M4P 1E4

Attn: Kirsten Walli, Board Secretary

Dear Ms. Walli:

#### Re: EB-2018-0049 - Lakefront 2019 IRM - Cost Claim

We are counsel to the Northumberland Hills Hospital ("NHH"). Enclosed, please find NHH's cost claim on the Board's form with detailed dockets.

Yours very truly,

Shepherd Rubenstein P.C.

Original signed by

Mark Rubenstein

cc: NHH (by email)

Lakefront Utilities Inc. (by email)



### **Affidavit and Summary of Fees and Disbursements**

This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required (yellow-shaded) fields are filled in and the Affidavit portion is signed and sworn or affirmed.

			lı	nstructions				
- All claims m - A separate Disbursemen However, on - The cost cla - A CV for each	"Detail "Detail Its Bein Iy one ' im mus	ut is indicated by yellow-sh in Canadian dollars. If apport of Fees and Disbursement: g Claimed") is required for "Summary of Fees and Diskst be supported by a compoultant/analyst must be att provided in section 7.03 or	olicable, state ex Rate: s Being Claimed' each lawyer, an oursements" cov leted Affidavit si ached unless pro	cchange rate (comprisin alyst/consu vering the w igned by a re ovided to th	and country of g a "Statement Itant and articl hole of the par epresentative of e Board as pres	of initial currency Country: t of Fees Being C ling student/para ty's cost claim sh of the party. scribed on the C	iaimed" and alegal. nould be pro	a "Statement of vided.
File # EB-	EB-20	18-0049		Process:	Lakefront 20	19 IRM		
Party:	North	numberland Hills Hospit	al	Affi	ant's Name:	Mark Rubensto	ein	
HST Numbe	er:	83673-5464-RT0001			HST	Rate Ontario:	13.00%	
		Full Registrant Unregistered Other	✓ □		Qualifyi	ing Non-Profit Tax Exempt		
				Affidavit				
I,		Mark Rubenste	in	, of the Ci	ty/Town of		Toronto	
in the Prov	ince/	State of	Ontario			, swear or aff	irm that:	
2. I have example Being Claime 3. The attach Disbursemen Ontario Ener 4. This cost c	mined a d", "Sta ed "Su ets Bein gy Boa laim do	ative of the above-noted parall of the documentation in atement(s) of Fees Being Commary of Fees and Disburs g Claimed" include only country of process referred to above the ses not include any costs for ses 6.05 and 6.09 of the Boar	a support of this laimed" and "Sta sements Being C sts incurred and ve. or work done, or	cost claim, in tement(s) c laimed", "St I time spent time spent,	ncluding the a of Disbursemen atement(s) of l directly for the by a person th	ttached "Summa nts Being Claimed Fees Being Claim e purposes of the	ary of Fees a d". ned" and "Sta e Party's par	nd Disbursements atement(s) of ticipation in the
Signature	of Aff	iant						
Sworn or a	affirm	<b>ed before me</b> at the C	ity/Town of		Tor	onto		,
in the Prov			Ontario		, on	December (date		

**Commissioner for taking Affidavits** 



#### **Affidavit and Summary of Fees and Disbursements**

File # EB- EB-2018-0049 Process: Lakefront 2019 IRM

Party: Northumberland Hills Hospital

Summary of Fees and Disbursements Being Claimed								
Legal/consultant/other fees	\$	1,733.00						
Disbursements	\$	-						
HST	\$	225.29						
<b>Total Cost Claim</b>	\$	1,958.29						

#### **Payment Information**

Make cheque payable to: Shepherd Rubenstein Professional Corporation, in tru

Send payment to this address: 2200 Yonge Street

Suite 1302 Toronto, ON

M4S 2C6



### **Detail of Fees and Disbursements Being Claimed**

File # EB-	EB-2018-0049			Process: Lakefront 2019 IRM						
Party:	Northumberland Hills Hospital		Service P	Service Provider Name:		ein				
	SERVICE PROVIDER TYPE	(chec	ck one )	Year Called to Bar		Completo Practising/Yea Exper	rs of Relevant			
	Legal Counsel Articling Student/Paralegal	` .	√ 	2011		7	7			
	Consultant Analyst					Hourly Rate:	\$230			
	For Consultant/Analyst:			ached ovided within previo		harged (enter %):	13.0%			

Statement of Fees Being Claimed										
	Hours	Но	urly Rate		Subtotal		HST		Total	
Pre-hearing Conference										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
Technical Conference										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
Interrogatories										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Responses		\$	230.00	\$	-	\$	-	\$	-	
Issues Conference										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
ADR - Settlement Conference										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
Proposal Preparation		\$	230.00	\$	-	\$	-	\$	-	
Argument										
Preparation	6.10	\$	230.00	\$	1,403.00	\$	182.39	\$	1,585.39	
Oral Hearing										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
Other Conferences										
Preparation		\$	230.00	\$	-	\$	-	\$	-	
Attendance		\$	230.00	\$	-	\$	-	\$	-	
Case Management				\$	-	\$	-	\$	-	
TOTAL SERVICE PROVIDER FEES				\$	1,403.00	\$	182.39	\$	1,585.39	



### **Detail of Fees and Disbursements Being Claimed**

File # EB-	EB-2018-0049	Process:	Lakefront 2019 IRM
	_		

Party: Northumberland Hills Hospital Service Provider Name: Mark Rubenstein

	Net Cost	HST	Total
Scanning/Photocopy		\$ -	\$ -
Printing		\$ -	\$ -
Courier		\$ -	\$ -
Telephone/Fax		\$ -	\$ -
Transcripts		\$ -	\$ -
Travel: Air		\$ -	\$ -
Travel: Car		\$ -	\$ -
Travel: Rail		\$ -	\$ -
Travel (Other):		\$ -	\$ -
Parking		\$ -	\$ -
Тахі		\$ -	\$ -
Accommodation		\$ -	\$ -
Meals		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
	<u>.</u>		
TOTAL DISBURSEMENTS:	\$	- \$ -	\$ -



### **Detail of Fees and Disbursements Being Claimed**

File # EB-	EB-2018-0049			Process:	Lakefront 2019	) IRM		
Party:	Northumberland Hills Hospital			Service P	rovider Name:	Jay Shepherd		
	SERVICE PROVIDER TYPE	(check	cone)	Year Called to Bar		Complet Practising/Yea Exper	rs of Relevant	
	Legal Counsel Articling Student/Paralegal	F		1980		•	0	
	Consultant Analyst					Hourly Rate:	\$330	
	For Consultant/Analyst:		CV attach CV provic	ned ded within previc		narged (enter %):	13.0%	

Statement of Fees Being Claimed										
	Hours	Но	urly Rate	S	ubtotal		HST		Total	
Pre-hearing Conference										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	-	\$	-	\$	-	
Technical Conference										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	-	\$	-	\$	-	
Interrogatories										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Responses		\$	330.00	\$	-	\$	-	\$	-	
Issues Conference										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	-	\$	-	\$	-	
ADR - Settlement Conference										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	-	\$	-	\$	-	
Proposal Preparation		\$	330.00	\$	-	\$	-	\$	-	
Argument										
Preparation	1.00	\$	330.00	\$	330.00	\$	42.90	\$	372.90	
Oral Hearing										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	-	\$	-	\$	-	
Other Conferences										
Preparation		\$	330.00	\$	-	\$	-	\$	-	
Attendance		\$	330.00	\$	_	\$	-	\$	-	
Case Management				\$	-	\$	-	\$	-	
TOTAL SERVICE PROVIDER FEES				\$	330.00	\$	42.90	\$	372.90	



### **Detail of Fees and Disbursements Being Claimed**

File # EB-	EB-2018-0049	Process: L	akefront 2019 IRM	
Party:	Northumberland Hills Hospital	Service Provide	er Name: Jay Shepherd	

	Net Cost	HST	Total
Scanning/Photocopy		\$ -	\$ -
Printing		\$ -	\$ -
Courier		\$ -	\$ -
Telephone/Fax		\$ -	\$ -
Transcripts		\$ -	\$ -
Travel: Air		\$ -	\$ -
Travel: Car		\$ -	\$ -
Travel: Rail		\$ -	\$ -
Travel (Other):		\$ -	\$ -
Parking		\$ -	\$ -
Taxi		\$ -	\$ -
Accommodation		\$ -	\$ -
Meals		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
TOTAL DISBURSEMENTS:	\$	- \$ -	\$ -

Date	Explanation	Lwyr	Hours
20180928	draft Notice of Intervention/draft letter/review application and consider issues	MR	1.5
20180929	draft and edit letter/emails	MR	1.1
20180929	Review and edit letter and NOI	JCS	0.5
20181001	edit, finalize and file cover letter and NoI/emails	MR	0.4
20181022	review PO/emails	MR	0.2
20181025	review Bd corr	MR	0.1
20181026	review LUI sub	MR	0.1
20181028	draft submissions on preliminary question	MR	0.5
20181029	review revised submissions/revise draft submissions	MR	0.8
20181031	emails	MR	0.2
20181031	Review company submissions and draft response, Various emails	JCS	0.5
20181102	finalize sub and file/review other parties sub	MR	0.5
20181109	review reply submissions	MR	0.3
20181120	review decision/email	MR	0.3
20181220	review final decision	MR	0.1
			7.1