



# AGSI

Association of Garda Sergeants and Inspectors  
Cumann Sairsintí agus Cigirí de'n Gharda Síochaná

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## APPLICATION FORM LEGAL AID

CLAIM NO.....

(For Official Use only)

### 1. DETAILS OF MEMBER

Name..... Reg No..... Rank.....

Home Address.....

..... Station.....

Phone..... Email..... Mobile.....

Date of commencement of membership of AGSI.....

Date of termination of membership of AGSI if applicable.....

### 2. NATURE OF CLAIM

(a) GSOC Complaint ☐ (b) Garda Síochána (Disciplinary) Regulations 2007 ☐

(b) Bullying & Harassment ☐ (d) Grievance ☐ (e) Other ☐ (please ☒ box)

Do you want your Branch notified of your application so you may receive local support? Yes ☐ No ☐

(f) Give brief details of claim being made or brought against you.....

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Date of incident giving rise to claim.....

Date of Institution of Proceedings on foot of claim.....

### ALL CORRESPONDENCE AND DOCUMENTATION RECEIVED BY YOU IN RELATION TO THIS

CLAIM MUST BE ATTACHED.....

Give brief reasons for bringing claim or grounds of defence as appropriate.....

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PLEASE NOTE Applications are granted solely at the discretion of the National Executive Committee.

IMPORTANT: The amounts of money payable under our legal aid scheme are clearly set out in the attached document. It should be clearly understood that any sums expended over and above these amounts will be borne by the applicant.

Signed: ..... Date: .....

**NOTE: REGULATION 10 DISCIPLINE WILL NOT BE FOUGHT VIA THE COURTS ON BEHALF OF ANY MEMBER**