



**AGSI**

Association of Garda Sergeants and Inspectors  
Cumann Sairsintí agus Cigírí de'n Gharda Síochána

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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 Siochana (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**