



Garda Representative Association,

5th Floor, Phibsboro Tower, Dublin 7.

Ph: 01 830 3533 mail: gra@indigo.ie

GRA File No: _____

APPLICATION FORM FOR LEGAL ASSISTANCE

The form must be fully completed and submitted through the local Garda Representative Association District Secretary. Copy of complete file must accompany the application.

Particulars of Applicant

1. Applicant: _____ Reg No: _____

Station: _____ Division: _____

2. Nature of Proceedings:

Administrative Law

Civil Claim -v- Garda

Criminal Prosecution -v- Garda

Civil Case brought by Garda

Discipline

Garda Siochana Ombudsman Commission (GSOC)

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3. Date of Incident: _____

4. Date notice received/Proceedings commenced: _____

5. Name of Solicitor _____

6. Plea entered, if any _____

7. Summary of events which gave rise to proceedings: _____

Applicant: (please print name) _____

Signature of Applicant _____ Date: _____

8. District Committee recommendation: _____

Name (block capitals) _____ Signed _____

Date: _____

9. Divisional Committee recommendation: _____

Name (block capitals) _____ Signed _____

Date: _____

10. CEC Decision: _____

11. Disposal of Proceedings: _____

