

**Form 2**  
**(Application for compensation for members of An Garda Síochána only, malicious injuries on duty)**

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**GARDA SÍOCHÁNA (COMPENSATION) ACTS, 1941 AND 1945**

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**FORM OF APPLICATION FOR COMPENSATION IN RESPECT OF PERSONAL INJURIES NOT CAUSING DEATH.**

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1. Name of applicant .....
2. Rank of applicant (if still in the Garda Síochána) .....  
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3. Date of retirement of applicant (if no longer in the Garda Síochána):  
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4. Address of the applicant .....  
.....
5. Date on which the injuries were inflicted .....  
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6. Particulars of the injuries .....  
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7. The duty (if any) on which the applicant was engaged when the injuries were inflicted.....  
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8. The place at which and the circumstances in which the injuries were inflicted .....  
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.....
9. Other facts and circumstances (if any) which the applicant desires to bring to the Minister's notice in support of the application .....  
.....  
.....

(Signed) .....

Dated this ..... day of ..... 20

**NOTE** - This form, when completed, should be sent by post in an envelope addressed to the Garda Compensation Section, Department of Justice and Law Reform, 51 St. Stephen's Green, Dublin 2.

Particulars which are too long to be stated on this form should be stated on a separate sheet annexed to this form.

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