**APPLICATION FORM (NON-FATAL INJURY[[1]](#footnote-1))**

**SCHEME OF COMPENSATION FOR PERSONAL INJURIES CRIMINALLY INFLICTED**

**“The Criminal Injuries Compensation Scheme”**

**Last updated 19/05/21**

**Ref. No. NF/………………………, Official Use**

**Please answer all questions and please use a black pen and block letters.**

|  |
| --- |
| **If you experience any difficulties completing this form please contact the Tribunal secretariat at** [**criminalinjuries@justice.ie**](mailto:criminalinjuries@justice.ie)  **or Telephone: Within Ireland: (01) 479 0290 or from abroad +353 1 479 0290** |

**1. PARTICULARS OF APPLICANT**

(a) Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(f) Marital status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(g) P.P.S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(h) Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i) E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. CIRCUMSTANCES IN WHICH THE CRIMINAL INJURY OCCURED**

*Note that it is a requirement of the Scheme that an applicant be able to demonstrate that the incident was reported without delay to An Garda Siochána, (or the Garda Síochána Ombudsman Commission (GSOC) in any case where the crime is alleged to have been carried out by a member of An Garda Síochána), and/or that the applicant has made all reasonable efforts to notify the Gardaí or GSOC and to co-operate with them.*

(a) Date of Incident

....................................................................................................

(b) Location of Incident

....................................................................................................

(c) Any further details of the incident which you can provide

to assist the Tribunal

....................................................................................................

....................................................................................................

....................................................................................................

....................................................................................................

....................................................................................................

....................................................................................................

....................................................................................................

(d) Name(s) of offender(s), if known

.............................................................................................................

(e) Was the incident reported to An Garda Síochána? [[2]](#footnote-2)

....................................................................................................

**3. TIME LIMIT FOR APPLICATIONS**

Please note that under the terms of the Scheme, there is a 3 month time-limit from the date of the incident for making an application.

The Tribunal has discretion to accept a late application for up to a maximum of 2 years after the date of the incident “in circumstances determined by the Tribunal to justify exceptional treatment.” No applications where the incident occurred beyond 2 years may be accepted.

Where your application is submitted after the 3 month limit, you must set out the reasons why your application is late and the Tribunal will decide on the basis of the reasons provided by you, whether exceptional treatment is justified and whether to accept the application or not.

Reasons why application is late:

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

**4. REPORT TO AN GARDA SIOCHÁNA (OR GSOC, WHERE APPLICABLE)**

(a) Date on which the incident was reported to An Garda Siochána (or GSOC in any case where the crime is alleged to have been carried out by a member of An Garda Síochána.)

……………………………………………………………………………

(b) By whom was the incident reported?

……………………………………………………………………………

(c) Name of Garda station and investigating Officer (or details of GSOC officer, if applicable), if known

......................................................................................................................

......................................................................................................................

(d) Garda Pulse incident record number, if known

......................................................................................................................

(e) Do you have a copy of any statement made to An Garda Siochána (or the GSOC, as applicable)?

**……………………………………………………………………………..**

Where available, please attach a copy of your statement made to the Gardaí or GSOC to the application form.

(f) If you wish to add to the description contained in your statement to An Garda Siochána (or GSOC) please do so in the space provided below.

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

**5. LEGAL PROCEEDINGS AND RELATED COMPENSATION**

(a.) Please indicate if criminal legal proceedings in relation to the incident have taken place, are ongoing or are due to take place

………..........................................................................................................

………..........................................................................................................

……….........................................................................................................

(b) Please state here if you have already received any compensation from, or on behalf, of the offender(s) and/or any compensation arising from any criminal legal proceedings

……….........................................................................................................

……………………………………………………………………………

(c) Please indicate if you have taken civil legal proceedings (legal action taken via the civil courts) concerning the incident or if you plan to do so. If proceedings have or are being taken please indicate if such proceedings are pending, ongoing or have concluded

……………………………………………………………………………

……………………………………………………………………………

(d) Please state here if you have already received any compensation arising from any civil legal proceedings

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

**6. DETAILS OF PERSONAL INJURY**

(a) Please state the nature and type of personal injury suffered as a result of the crime

......................................................................................................................

………..........................................................................................................

......................................................................................................................

(b) If applicable, please state the name of medical practitioners who treated you, and if applicable, the name and address of any hospital(s)/medical centres where treatment was provided.

......................................................................................................................

…………………..........................................................................................

........…………..............................................................................................

......................................................................................................................

......................................................................................................................

…………………..........................................................................................

........…………..............................................................................................

......................................................................................................................

(c) Please provide details of your treatment dates

In patient treatment from ...........................................to………………….

...........................................to………………….

...........................................to………………….

Outpatient treatment from .........................................to…………………

.........................................to…………………

.........................................to…………………

(d) If you consulted a GP in relation to your injury, please provide the GP’s full name and address here

......................................................................................................................

......................................................................................................................

(e) If you received dental treatment as a result of the incident, please provide details here and please state the full name and address of the dentist who provided this treatment for you.

......................................................................................................................

………..........................................................................................................

......................................................................................................................

(f) If you have not fully recovered from your injuries at this time, please describe your ongoing symptoms.

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

(g) If you are still receiving treatment, please state the name and address of your treating medical practitioner.

………..........................................................................................................

………..........................................................................................................

(h) Are there any other special features of the injuries you wish to mention in this application form?

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

(i) Where applicable please state the period during which you were absent from work as a result of the incident.

From …. ............................................To..................................................

(j) If you are still absent from work, please state when you are likely to resume working

...............................................................................................................

...............................................................................................................

**7. EXPENSES**

**In this section please provide details of expenses incurred as a result of the incident.**

|  |
| --- |
| **Important Notes**   1. *The Tribunal reimburses* ***vouched*** *expenses (i.e. supported by original receipts.)* 2. *Original Receipts, which should be listed and totalled, for expenses must be submitted when advised by the Tribunal secretariat to do so. Please keep your receipts safe and filed so they can be submitted when requested.* 3. *Note that the Scheme covers personal injury and no compensation is payable in respect of stolen or damaged property.* 4. *Note that the Tribunal does not provide for any reimbursement of legal representation.* |

1. Please provide details of any travelling expenses incurred as a result of the injury, including providing the reasons for travelling

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. If travelling for medical consultations, please state the name and address of the medical practitioner concerned.

………..........................................................................................................

………..........................................................................................................

1. Mode of transport (own car/public transport)

………............……..........................................................................

1. Please provide details of the number of journeys and the estimated total number of kilometres travelled which were incurred as a result of the injury.

………..........................................................................................................

………..........................................................................................................

1. Please provide details of any other relevant expenses which have been incurred as a result of the injury, including, for example, as follows:
2. Any Doctor/Hospital/Medical Centre expenses

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. Any medicines/prescription expenses

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. Any optical related expenses

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. Any dental related expenses

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. Any other miscellaneous expenses incurred as a result of the incident giving rise to your injuries – please provide expense type and cost

………..........................................................................................................

………..........................................................................................................

………..........................................................................................................

1. Please state if you have a medical card

………..........................................................................................................

………..........................................................................................................

**8. PARTICULARS OF ANY EARNINGS LOST/EMPLOYMENT DETAILS/ SOCIAL WELFARE PAYMENTS**

*Note that the Scheme provides that there may be no double compensation in respect of awards. The Tribunal will take into account social welfare payments and employer payments and reduce the award accordingly. Written confirmation will be required from a variety of sources (employer, Revenue, Department of Social Protection, Department of Agriculture) in respect of information provided in this section.*

1. Please state whether you were in employment at the time of the incident

……………………………………………………………………

1. If you were employed or self-employed at the time of the incident and believe you have lost earnings as a result of the incident, please advise of your net earnings during the three year period prior to the injury.

………………………………………………………………………

………………………………………………………………………

\*Note that a letter from the Revenue Commissioners will be required to verify any information provided and the Tribunal secretariat will liaise further with you and Revenue on this

1. If you were unemployed at the time of the incident, please state the address of your local Intreo Office (Social Welfare)

………......................................................................................................

……..........................................................................................................

……..........................................................................................................

1. If you were an employed or self-employed person at the time of the incident and have lost earnings, please answer the following as appropriate.

*Please note that written confirmation of the information provided will be required from your employer (where employed), Revenue (where self-employed) and the Department of Social Protection and Department of Agriculture, as the case may be, on information provided under. The Tribunal secretariat will liaise with you on this.*

* 1. The date on which you commenced self-employment, where relevant

………………………………………………………………..

………………………………………………………………..

* 1. Where employed, who was your employer on the date of the incident and what date did you commence employment with them?

………………………………………………………………..

………………………………………………………………..

* 1. The capacity in which you are employed

e.g. full-time/part-time etc.

………………………………………………………………..

………………………………………………………………..

* 1. Any period(s) of absence from work as a result of the injury

………………………………………………………………..

………………………………………………………………..

* 1. Gross weekly, fortnightly or monthly earnings (depending on payment periods)

………………………………………………………………..

………………………………………………………………..

* 1. Details of income tax paid, PSRI and USC contributions in the previous three years

…………………………………………………………………

…………………………………………………………………

………………………………………………………………….

* 1. Where employed, does your employer have a sick-pay scheme in place?

………………………………………………………………..

* 1. Where employed and where applicable, please provide details of the terms of the employer’s sick pay scheme

………………………………………………………………..

………………………………………………………………..

* 1. Where employed and where it exists, did you avail of your employer’s sick pay scheme and for what period and under what terms?

…………………………………………………………………..

…………………………………………………………………..

…………………………………………………………………..

…………………………………………………………………..

* 1. Where employed, did you avail of illness benefit from the Department of Social Protection?

…………………………………………………………………..

…………………………………………………………………..

* 1. Where self-employed, were you in receipt of any payments or benefits available from the Department of Social Protection (social welfare payments) or the Department of Agriculture (farm/agricultural support payments) during any period you were unable to work due to the injury?

…………………………………………………………………..

…………………………………………………………………..

* 1. Where employed, please advise what arrangement exists, if any, within your employer’s sick pay scheme regarding illness benefit from the Department of Social Protection?

…………………………………………………………………..

…………………………………………………………………..

* 1. Where applicable, please use this section to indicate any loss of earnings which you believe has been incurred by you as a result of the incident giving rise to this application

...............................................................................................................

...............................................................................................................

...............................................................................................................

...............................................................................................................

* 1. If you believe that you have loss of earnings that are likely to continue into the future as a result of the incident, please set out here what these are.

*Note that independent expert reports from medical professionals and actuaries are likely to be required to underpin any application for future loss of earnings. The Tribunal secretariat will liaise with you on these, where you have indicated future loss of earnings and where independent expert reports are required.*

...............................................................................................................

...............................................................................................................

...............................................................................................................

...............................................................................................................

...............................................................................................................

**9**  **ANY FURTHER MATTERS**

If there are any further matters that you wish to bring to the attention of the Tribunal in connection with this application, please use the space below to do so

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

......................................................................................................................

**10.** **CERTIFICATE OF AUTHORITY**

Please complete and sign the following Certificate of Authority.

*If you are applying on behalf of a person under 18 years of age or a person incapable of signing this application form, you should sign in the spaces provided below.*

To: The Criminal Injuries Compensation Tribunal

1. The statements in Sections 1 – 9 above are true to the best of my knowledge and belief. I understand that I must notify the Tribunal of any change to my circumstances and that any such change may affect the Tribunal’s decision as to my entitlement to the assessment of compensation.
2. I accept that any discrepancy identified in my tax affairs may reduce or cancel any awarding of compensation.
3. I accept that if I provide false information for any purpose including in order to inflate the amount of compensation payable, the Tribunal may reduce the amount of any award made to me or reject this application entirely.
4. I understand that the Tribunal will decide the claim on the basis that no payment under the Scheme should result in compensation being duplicated and so may decide either to make no award or to make a reduced award. I also understand that the Tribunal may also decide that an award will be subject to conditions as to its repayment in whole or in part in the event of compensation being received from another source. I have, therefore, informed the Tribunal of any ongoing or planned legal proceedings and any other compensation which has been, or is due to be, provided to me, arising from any legal proceedings concerning the incident which is the subject of my claim.
5. I understand that my personal data in relation to this application may be retained both as an electronic record and as a hard copy record by the Tribunal for the purposes of the Tribunal determining my application under the Scheme. I understand that my personal data will be processed in accordance with the General Data Protection Regulation and Data Protection Act 2018, as amended.
6. I understand that decisions of the Tribunal, appropriately redacted to remove personal data, may be made publicly available.
7. I agree to give the Tribunal all reasonable assistance, particularly in relation to any medical, actuarial or other relevant reports, documents or statements which it may require to make a determination on my application.
8. I accept that the Tribunal will take the provisions of paragraphs 12 and 13 of the Scheme into consideration when deciding my application and that I may receive a reduced award or no award as a result.
9. I agree to accept any reasonable time-limits which the Tribunal may request for the return of documentation, receipts or reports
10. I understand that on receipt of a decision of first instance I have three months within which to lodge an appeal against a decision of the Tribunal.
11. I accept that the submission of any expert reports offers no guarantee that an award will be made by the Tribunal in my case.
12. I authorise:

* All medical/dental practitioners, hospitals and other medical centres which I attended as a result of the injuries experienced to furnish the Tribunal at their request with reports as to my injuries and treatment.
* An Garda Siochána (and the Garda Siochána Ombudsman Commission, where relevant) to provide to the Tribunal all information relevant to my application, including a copy of any statement(s) that I have made to them and a list of any convictions which may be recorded against me and if applicable details of any matters outstanding against me.
* The Department of Social Protection, the Department of Agriculture and the Health authorities to provide the Tribunal with information held by them which is relevant to my application as is requested by the Tribunal
* The Revenue Commissioners to provide the Tribunal with a statement in respect of my tax affairs.
* My employer(s) to provide the Tribunal with a statement of my earnings and other matters which are relevant to my application as is requested by the Tribunal
* My health insurance provider to provide to the Tribunal with any information held by them which is relevant to my application as is requested by the Tribunal.
* My financial advisers to provide to the Tribunal any relevant information requested by them in relation to my application of earnings as is requested by the Tribunal
* Any other relevant parties to provide to the Tribunal any relevant information requested by them in relation to my application.

I understand that the Tribunal in determining on this application may notify the parties mentioned above and any other authorities as necessary that I have submitted an application under the Criminal Injuries Compensation Scheme and may inform them of the Tribunal’s decision on this application.

Applicant’s Signature: …………………………………………

Date: ………………………………………………...................

*If applicant is under 18 years of age, the signature of their parent or legal guardian should be provided below.*

Signature of parent/legal guardian……………………………

Relationship to applicant……………………………………..

Address……………………………………………………….

………………………………………………..........................

Date: ……………………………………………………….....

*In circumstances where the applicant is incapable of signing this form the signature of the person applying on their behalf and their relationship to the applicant should be provided below.*

Signature on behalf of applicant: …………………………....

Relationship to applicant…………………………………….

Address……………………………………………………….

………………………………………………..........................

Date: ………………………………………………………....

**Completed Applications should be sent to:**

**Criminal Injuries Compensation Tribunal,**

**Department of Justice,**

**Bishop's Square,**

**Redmond’s Hill,**

**Dublin 2, D02 TD99**

**Telephone: + 353 1 479 0290**

**E-mail:** [**criminalinjuries@justice.ie**](mailto:criminalinjuries@justice.ie)

**\*Please note that at the present time, the Tribunal requires applications that are hand signed.**

**Non-Fatal Injury Application Form**

**Explanatory Notes**

**Applicants should read carefully the terms and conditions of the Scheme which are available at:** [**http://justice.ie/en/JELR/Pages/WP15000110**](http://justice.ie/en/JELR/Pages/WP15000110)

**These are some explanatory notes as to how the Tribunal operates.**

1. The Scheme was drafted with the intention that it would be accessible to applicants who have limited or no legal knowledge and that an applicant, acting on his/her own behalf, would be able to bring an application to the Tribunal, without needing legal assistance. Legal costs are not reimbursed.
2. Currently the Tribunal consists of the Chairperson and ordinary members who are appointed periodically by the Minister for Justice. Each member must be either a practising barrister or a practising solicitor who provides their services to the Tribunal on a part-time basis. The Tribunal is independent in making decisions on individual applications and in its decisions on appeals.
3. The Tribunal is assisted by a secretariat called Tribunal staff, who are located at the Tribunal’s offices at Bishop's Square, Redmond’s Hill, Dublin 2, D02 TD99. Applications to the Tribunal are processed in the first instance by Tribunal staff. Tribunal staff must ensure that all relevant documentation, receipts and reports that may be required by the Tribunal to make a decision on the application have been provided by the applicant. Tribunal staff liaise with the applicant and other relevant authorities in that regard.
4. In accordance with the terms of the Scheme, a decision of first instance on an application may be made by a duly authorised officer of the Tribunal in cases where the amount involved does not exceed €3,000. The Tribunal may appoint one of the Tribunal staff, usually the Secretary, as a duly authorised officer.
5. Where the amount sought is greater than €3,000, the application must be submitted for decision of first instance to the Tribunal. Where the amount sought is below €75,000, the application will be decided at first instance by a single Tribunal Member and where the amount sought is above €75,000, the application will be decided collectively by three Tribunal Members.
6. The decision of first instance is communicated by Tribunal staff to the applicant. If the applicant is satisfied with the decision of first instance, the applicant signs a form of acceptance. Where an award has been made by the Tribunal, the applicant provides bank details for the lodgement. Tribunal staff arrange for the bank transfer once the acceptance form has been received. If an applicant is not satisfied with the decision of first instance of the Tribunal, the applicant may lodge an appeal against that decision within three months of receipt of the decision.
7. Appeals before the Tribunal are dealt with by means of an oral hearing, in private, before three Tribunal members, excluding any Tribunal members who made the initial decision. The hearing may be held remotely (e.g. by teleconference or video conference) or onsite. The appeal is on a ‘de novo’ basis meaning it is considered afresh. The award may stay the same, be increased or be decreased. Once the appeal has been heard, the Tribunal’s decision on appeal will be communicated to the applicant by the secretariat and there are no further appeals possible under the Scheme.
8. Decisions of the Tribunal, appropriately redacted to remove personal data, may be made publicly available.
9. The compensation available under the Scheme is intended to cover out of pocket expenses incurred by the applicant victim, such as medical treatment and travel expenses to avail of treatment and vouched loss of earnings incurred, if any, as a result of the criminal injuries sustained. An applicant may also apply for reimbursement of any expenses that were incurred in obtaining medical or other expert reports to support the application to the Tribunal.
10. The Scheme provides compensation in respect of personal injuries only and does not provide for compensation in respect of stolen or damaged property.
11. The Tribunal will consider claims for compensation made by or on behalf of;
    1. the person who sustained the injury (the victim);
    2. any person responsible for the maintenance of the victim who has suffered pecuniary loss or incurred any expenses as a result of the victim’s injury;
    3. (in cases where the victim has died as a result of the injury), any dependent of the victim or, if they have no dependent, any person who incurred expenses as a result of their death.
    4. (in cases where the victim has died otherwise than as a result of the injury), the Tribunal may award compensation in respect of loss of earnings, expenses and liabilities incurred before the death but only to a dependent who would, in the opinion of the Tribunal, otherwise suffer hardship

There are separate application forms for fatal and non-fatal cases. This is the non-fatal application form. In non-fatal cases the non-fatal application form must be completed. In fatal cases, the fatal application form must be completed.

1. The Scheme provides that the crime should have been reported without delay to An Garda Siochána (or the Garda Síochána Ombudsman Commission (GSOC) in any case where the crime is alleged to have been carried out by a member of An Garda Síochána) and/or all reasonable efforts are required to have been made by the applicant to notify the Gardaí or GSOC of the offence and to cooperate with them. Following receipt of an application, Tribunal staff must request a report on the incident from An Garda Síochána or the GSOC as the case may be.
2. No compensation will be payable to an applicant who has not, in the opinion of the Tribunal, given the Tribunal all reasonable assistance, including in relation to any medical report that it may require, and otherwise.
3. No compensation will be payable in respect of injuries inflicted in a traffic offence except in a case where there has been, in the opinion of the Tribunal, a deliberate attempt to run down the victim.
4. No compensation will be payable where the Tribunal is satisfied that the victim was responsible, either because of provocation or otherwise, for the offence giving rise to his injuries and the Tribunal may reduce the amount of an award where, in its opinion, the victim has been partially responsible for the offence.
5. No compensation will be payable where the Tribunal is satisfied that the conduct of the victim, his character or his way of life make it inappropriate that he should be granted an award and the Tribunal may reduce the amount of an award where, in its opinion, it is appropriate to do so having regard to the conduct, character or way of life of the victim.
6. Applicants should note that the monies provided under the Scheme are made available by the State under a “cash-limited grant scheme”. This means that the Tribunal has no capacity or authority to pay out more funds in any one year than has been voted by the Dáil to be allocated to the Scheme. Thus, if the Tribunal’s funding becomes exhausted before the end of a financial year it may have to wait until the next financial year, when it is again voted funding, before making any further payments to applicants.

1. For applications in fatal-injury cases, the fatal injury application form must be used instead [↑](#footnote-ref-1)
2. The incident may be reported to the Garda Síochána Ombudsman Commission (GSOC) in any case where the crime is alleged to have been carried out by a member of An Garda Síochána. [↑](#footnote-ref-2)