

DETAILS OF DETENTION, CONSULTATIONS & HEARINGS

GSAS 2

To be completed by Solicitor and Garda Síochána

Name of Detainee: _____

Garda Station: _____

What legislation was the person detained under?
(Tick Appropriate Legislation)

Offences Against the State Acts _____

Criminal Justice Act, 1984 _____

Criminal Justice (Drug Trafficking) Act, 1996 _____

Section 50 Criminal Justice Act, 2007 _____

1. DETAILS OF CONSULTATIONS MADE BY SOLICITOR

This Column to be completed by solicitor (Type of Consultation (Tick Phone or Visit))	This Column to be verified in Garda Station by Member of the Garda Síochána for each individual visit/phone consultation. Please indicate (tick) date and time band							
Date of consultation: ____/____/20____	DAY:	M	Tu	W	Th	F	S	Su
Phone: _____ Visit	TIME BAND:	9 am-7 pm			or 7 pm-9 am			
Kilometres (@24c per km.): €	Garda Station Certification of Consultation							
Name of Solicitor: _____								
Solicitor's Signature: _____ Date: _____								

Date of consultation: ____/____/20____	DAY:	M	Tu	W	Th	F	S	Su
Phone: _____ Visit	TIME BAND:	9 am-7 pm			or 7 pm-9 am			
Kilometres (@24c per km.): €	Garda Station Certification of Consultation							
Name of Solicitor: _____								
Solicitor's Signature: _____ Date: _____								

Date of consultation: ____/____/20____	DAY:	M	Tu	W	Th	F	S	Su
Phone: _____ Visit	TIME BAND:	9 am-7 pm			or 7 pm-9 am			
Kilometres (@24c per km.): €	Garda Station Certification of Consultation							
Name of Solicitor: _____								
Solicitor's signature: _____ Date: _____								

2. DETAILS OF EXTENSION HEARING(S) ATTENDED BY SOLICITOR

(To be completed by Solicitor and Member of An Garda Síochána)

Date of Extension Hearing: ____/____/20____	Date of Extension Hearing: ____/____/20____
Name of Solicitor	Name of Solicitor
Solicitor's Signature: _____	Solicitor's Signature: _____
Kilometres (@24c per km.): €	Kilometres (@24c per km.): €
Garda Station Certification of Solicitor's attendance at Extension Hearing	Garda Station Certification of Solicitor's attendance at Extension Hearing
Signature: _____ Date: _____ Block Capitals: _____	Signature: _____ Registered No.: _____ Block Capitals: _____

