



# Prison Officers' Medical Aid Society

397e North Circular Road, Dublin D07TAC9

Phone: (01) 830 8963

Web: www.pomas.ie

## LEGAL UNDERTAKING BY SOLICITOR

Member Name \_\_\_\_\_

Pay No. \_\_\_\_\_

**(A).** I act on behalf of \_\_\_\_\_ of \_\_\_\_\_ in connection with the incident set out below. In consideration of the payment by the Society of the above named member's medical expenses/benefits arising from this incident, I have received instructions from him/her. Arising from those instructions, I hereby undertake to include as part of my client's claim the full amount of such payments as are advanced by the Society and subject to any court order to the contrary, to repay to the Society out of the proceeds that come into my hands – all monies recovered in respect of the expenses paid by the Society.

**(B).** I undertake to keep the Society fully informed of the status and developments in my client's claim and to contact the Society immediately on becoming aware that the sums paid by the Society may not be recovered in full and to inform the Society of any arrangements for settlement discussions. In the event that the full amount expended by the Society is not recovered, I undertake to provide a detailed report from Counsel in the case confirming the circumstances of the reduction and the veracity of the amounts recovered or where no Counsel is employed, to provide such report myself.

**(C).** In circumstances where the medical expenses are paid directly to my client, I undertake to immediately inform the Society of this event so as the Society can recover them directly from the member.

**NB.** I also undertake to acquire from the Society immediately prior to the Court Hearing or settlement talks the precise details and current balance due to the Society in respect of the aforementioned expenses/benefits and include all sums paid by the Society as part of the claim.

***(Any and all fees for this legal undertaking are payable by the Society Member)***

Signed: \_\_\_\_\_ Dated \_\_\_\_\_

Name of Solicitor's Company \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident \_\_\_\_\_