



**Statement for  
 Court Observation**

Observation Date: \_\_\_\_\_

CIS Approval: \_\_\_\_\_

Visual

Spoken

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Language: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Court Observation Log**

Maintain Log for completion of required twenty-four (24) hours of Court Observation

Date	Judge's Name	County	Observation Hours
<b>Total Hours</b>			

**Verification of Court Observation**

I hereby state the information on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Mail to:** Administrative Office of the Courts  
 Court Interpreting Services  
 100 Millcreek Park Building 12  
 Frankfort, Kentucky 40601