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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

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Office of Language Access Statement for Court Observation

OLA Approval:
☐ Visual
☐ Spoken

	STATEMENT	FOR C	OURT OBSERVATION	
Name:			Telephone:	
Address:			Language:	
			_	
			_	
	Cour	rt Obo	omiotion Log	
Ма	aintain Log for completion of re		ervation Log wenty-four (24) hours of C	Court Observation
DATE	Judge's Name	County		Observation Hours
		ļ	I	
			TOTAL HOURS	
	Verification	on of C	ourt Observation	
hereby state the info	ormation on this form is true ar	nd corre	ct to the best of my knowle	edge.
Signature			Date	

Mail to: Administrative Office of the Courts
Office of Language Access

1001 Vandalay Drive Frankfort, Kentucky 40601