



**OFFICE OF LANGUAGE ACCESS
PERSONAL INFORMATION AVAILABILITY FORM**

Name: _____
Street Address: _____
City/State: _____
Zip Code: _____ Fax Number: _____
Home Telephone: _____ Work Telephone: _____
Cellular Telephone: _____ Pager Number: _____
E-Mail Address: _____
Language(s) Interpreted: _____

Please indicate the days and hours you are usually available to work:

DAYS	HOURS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Are you available on short notice? Yes No

How much advanced notice do you require? Days: _____ Hours: _____ Minutes: _____

Counties you are willing to work: _____

Mail to: Administrative Office of the Courts
Office of Language Access
1001 Vandalay Drive
Frankfort, Kentucky 40601

Failure of a Freelance Interpreter to annually update personal information will result in the suspension of the interpreter from the Court of Justice interpreting duties until compliance with this requirement is met.