


**OFFICE OF LANGUAGE ACCESS
WRITTEN EXAM APPLICATION**

OFFICE OF LANGUAGE ACCESS

DATE RECEIVED

Name:	E-mail Address:
Address:	City, State, Zip Code
Day Time Phone:	Language:

Test Date:	City:	Address of Test Location:	Time:
	Frankfort, Kentucky	Administrative Office of the Courts 1001 Vandalay Drive	

Application Fee (\$50.00)

Enclosed is my cashier's check or money order for \$50.00 **made payable to the Kentucky State Treasurer**. Mail the cashier's check or money order and all forms to: Administrative Office of the Courts, Court Interpreting Services, 1001 Vandalay Drive, Frankfort, KY 40601.

My **application fee will not be refunded** under any circumstances. I will immediately notify Annette Zeller at annettezeller@kycourts.net should I need to cancel my test date. All travel, lodging, and meals are my responsibility (the applicant). I understand that I am to bring a photo ID to the written test facility. Due to security reasons no children and/or guests will be permitted to attend the test location facilities. No cell phones or other electronic devices allowed in the test area.

Signature: _____

Date: _____