



Court Interpreter Certification Program Courtroom Observation Hours Reporting Form

Effective January 1, 2025

Interpreter candidates working toward certification or qualification must complete **15 hours of courtroom observation** and submit this **reporting form** to be eligible for work in Virginia courts as a non-certified or qualified interpreter (designation for non-certifiable languages). It is the responsibility of the applicant to arrange the required courtroom observation and secure information necessary to complete this form. Please see the Summary of Requirements for additional information. Completed forms should be submitted to Foreign Language Services Certification Team at flscertification@vacourts.gov. **Please type or print legibly in ink. Incomplete forms will be returned.**

Candidate's Name: _____ Date Observation Hours Completed: _____

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both <input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both <input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both <input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both <input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both
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		<input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Date of Observation:	Court Name:	<input type="checkbox"/> Circuit Court <input type="checkbox"/> Both <input type="checkbox"/> District Court
Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

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Circuit Hours _____ District Hours _____	Certified Interpreter Observed: <input type="checkbox"/> Yes Hours _____ Minutes _____ <input type="checkbox"/> No	Verifying Staff Name:

Total Certified Interpreter Observation Hours: _____	Total Overall Observation Hours: _____
Total Circuit Court Hours: _____	