**Public Gallery Attendance Form for Visitors between the ages of 14 and 16**

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| **Send to:** | public@scp-ks.org | Telephone No.: +31 (0)6 249 21 036 |
| **To be filled out by the Requester** |
| **Details of requesting/ accompanying adult**  | **Name: y**  | **Email:** | **Mobile Number:** |
| **Details of Minor(s)** | **Name(s):** 1. **Insert first and last name**
2.
3.
4.
5.
6.
7.
8.
9.
10.
 | **Date(s) of birth(s):** 1. **Insert date of birth**
2.
3.
4.
5.
6.
7.
8.
9.
10.
 |
| **File/case number:**       Or **File/case Name:**       | **Requested Hearing time:** **Requested Hearing date**:  | Visitor between the ages of 14 and 16 and their parent/guardian have been informed about the work of the Kosovo Specialist Chambers? **NO** [ ]  **or YES** [ ]  |
| **General Comments (optional)** |  |
| **Date of request** | **Signature of supervising adult** *By signing this request form I confirm that the parent(s)/guardian(s) of the minors listed above have been informed and provided their consent to the minor visiting the public gallery of the Kosovo Specialist Chambers and their attendance in KSC proceedings.*  |
| **To be filled out by Security** |
| **Name of Security Officer:** |
| **To be filled out by Court Management Unit** |
| Received by: Date: Time: Place:Signed: Comments: ---------------------**Where applicable**: Returned by:  Date: Time:Comments:  |
| **AUTHORIZATION OF THE KSC CHAMBER**  |
| Name of Judge: [ ] Approved. [ ] Declined Signature of the Judge:  |