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

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| **Send to:** | [public@scp-ks.org](mailto: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** | **Date(s) of birth(s):**   1. **Insert date of birth** | |
| **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: | | | |