**INTERPRETER’S ACKNOWLEDGMENT AND AGREEMENT**

 I am an interpreter for a language other than sign language.[[1]](#footnote-1) I have received and reviewed a copy of the ***Kansas Code of Professional Responsibility for Court Interpreters*** and agree to adhere to all canons and provisions contained therein.

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Interpreter’s Printed Name Agency Name (if applicable)

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Agency Telephone (if applicable) or Interpreter’s Telephone

 ­­­­­­­­ ­­­­­­­­

Agency Email (if applicable) or Interpreter’s Email

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Language(s) Spoken

 ­­­­­­­­ ­­­­­­­­

Interpreter’s Signature Date

**Return this completed form to:**

JoEllyn Argabright

275 N Court

Colby Kansas 67701

785-460-4557

785-460-2291 (fax)

jargabright@thomascounty.us

1. Kansas sign language interpreters certified by or registered with the Kansas Commission for the Deaf and Hard of Hearing abide by the National Registry of Interpreters for the Deaf (RID) Code of Professional Conduct. [↑](#footnote-ref-1)