# NEBRASKA JUDICIAL BRANCH WRITTEN EXAM 2024

# WRITTEN EXAM AT-A-GLANCE

Passing the written exam is the second step to becoming a certified interpreter. The written exam consists of 135 multiple choice questions and measures knowledge of the English language, court related terms and usage, and ethics and professional conduct.

Arrive early - no one will be admitted late. Applicants are given two hours and 15 minutes to complete the exam.

If you have a disability recognized by the Americans with Disabilities Act (ADA), please request an accommodations in advance by calling 402-471-8854.

APPLICANT INFORMATION			
First and Last Names			
Email Address			
Date Attended Orientation			
Previous Written Exam Dates			

## WRITTEN EXAM DATES, LOCATIONS & TIME

Omaha	Lincoln	Western Nebraska
March 4th at 9am	March 6th at 9am	March 8th at 12pm in Grand Island
June 5th at 9am	June 3rd at 9am	June 7th at 9am in North Platte
September 13th at 9am	September 11th at 9am	September 9th at 9am in Scottsbluff

### APPLICATION & PAYMENT INFORMATION

Nebraska residents on first and second attempts: Your completed application form and background check authorization forms are due no later than 2 weeks prior to the exam.

Nebraska residents on third and subsequent attempts and non-Nebraska residents: Your completed application form, background check authorization forms, and \$50 cashier's check, money order, or personal check payable to the **Nebraska Supreme Court** are due no later than 2 weeks prior to the exam.

Administrative Office of the Courts and Probation Attn: Kathleen Valle PO Box 98910 Lincoln, NE 68509-8910

### Questions? Email Kathleen.Valle@nejudicial.gov

### STATE OF NEBRASKA'S JUDICAL BRANCH

#### COURT INTERPRETER PROGRAM

#### AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK AND INVESTIGATION

As an applicant to the Nebraska Supreme Court Interpreter Program, I authorize the Nebraska Administrative Office of the Court (AOC) to conduct a criminal background check and investigation.

By completing, signing and returning this form to the AOC, I understand and agree that the AOC and its designees may conduct a criminal background check and investigation, as well as seek any further information regarding my character, qualifications and/or work performance.

Please print or type the following information and sign the authorization:

FULL NAME:				
ALIAS/AKA (other names used such	as maiden, married, ado	pted, nicknames, sho	rt names, etc.):	
SOCIAL SECURITY NUMBER:				
DRIVER LICENSE OR STATE ID	ENTIFICATION NU	MBER:		
DATE OF BIRTH:		SEX:	RACE:	
CURRENT ADDRESS:				
CITY:		_STATE:	ZIP COD	DE:
TELEPHONE (home):		TELEPHONE (c	ell):	
DATE:	SIGNATURE:			
Please forward this complete	ed authorization fo	orm to:		
	Nabraska Ada	inistrative Offi	a of Courts	

Nebraska Administrative Office of Courts ATTN: Language Access Program Director P.O. Box 98910 Lincoln, NE 68509 Kathleen.Valle@nejudicial.gov

Internal Use Only				
Report Requested By:	Date:			