

STATE OF NEBRASKA'S JUDICIAL 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, adopted, nicknames, short names, etc.): _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE OR STATE IDENTIFICATION NUMBER: _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (home): _____ TELEPHONE (cell): _____

DATE: _____ SIGNATURE: _____

Please forward this completed authorization form to:

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: _____