

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

Select which written exam you wish to attend

Omaha

March 4th at 9am

June 5th at 9am

September 13th at 9am

Lincoln

March 6th at 9am

June 3rd at 9am

September 11th at 9am

Western Nebraska

March 8th at 12pm in Grand Island

June 7th at 9am in North Platte

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 or money order 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 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: _____