ORAL EXAM 2027

Nebraska Judicial Branch

APPLICATION

APPLICANT INFORMATION

First Name : _____

Last Name(s) : _____

Email Address : _____ Language : _____

CHOOSE AN EXAM DATE, LOCATION, TIME & TYPE

Sarpy Co Courthouse	Nebraska State Capitol	Time Preference	Exam Type
☐ April 28th	☐ April 26th	☐ Morning	☐ Full
☐ October 22nd	☐ October 18th	☐ Afternoon	☐ Abbreviated

APPLICATION & PAYMENT INFORMATION

Nebraska residents: Your completed application form, background check authorization form, and $250 cashier's check, money, order, or personal check payable to the Nebraska Supreme Court are due no later than 60 days prior to the exam.

Non-Nebraska residents: Your completed application form, background check authorization form, and $400 cashier's check, money, order, or personal check payable to the Nebraska Supreme Court are due no later than 60 days prior to the exam.

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

CANCELLATION INFORMATION

If the Nebraska Judicial Branch cancels the exam, your payment will be refunded.

If you cancel, your payment minus a $10 handling fee will be refunded only if you notified Kathleen Valle (kathleen.valle@nejudicial.gov) no later than 1 week prior to your exam.

My signature acknowledges my understanding of the cancellation policy..

_____
Applicant Signature

STATE OF NEBRASKA'S JUDICAL BRANCH

LANGUAGE ACCESS PROGRAM

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK AND INVESTIGATION

As an applicant to the Nebraska Supreme Court Language Access Program, I authorize the Nebraska Administrative Office of the Courts and Probation (AOCP) to conduct a criminal background check and investigation.

By completing, signing and returning this form to the AOCP, I understand and agree that the AOCP 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:_____ TELEPHONE:_____

DRIVER LICENSE OR STATE IDENTIFICATION NUMBER:_____ STATE: _____

DATE OF BIRTH:_____SEX:_____ RACE:_____

CURRENT ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

STATES OF RESIDENCY OVER THE LAST 10 YEARS:_____

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: _____