

WRITTEN EXAM 2027



Nebraska
Judicial
Branch

APPLICATION

APPLICANT INFORMATION

First Name : _____

Last Name(s) : _____

Email Address : _____

CHOOSE AN EXAM DATE, LOCATION & TIME

Sarpy County Courthouse

- ☐ March 1st at 1:15 pm
- ☐ Sept 2nd at 1:15 pm

Nebraska State Capitol

- ☐ March 3rd at 1:15 pm
- ☐ Sept 1st at 1:15 pm

Central/Western Nebraska

- ☐ March 5th at 1:45pm Buffalo Co.
- ☐ Sept 3rd at 1:45pm Hall County

APPLICATION & PAYMENT INFORMATION

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

Nebraska residents after the second attempt and non-Nebraska residents: Your completed application form, background check authorization form, and \$75 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.

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 JUDICIAL 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 (AOCB) to conduct a criminal background check and investigation.

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