

NEBRASKA JUDICIAL BRANCH

WRITTEN EXAM 2025

WRITTEN EXAM AT-A-GLANCE

Passing the written exam is the second step to becoming a certified or provisionally certified interpreter. The written exam consists of 135 multiple choice questions and measures knowledge of the English language, court related terms and usage, 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 accommodation in advance by emailing kathleen.valle@nejudicial.gov.

APPLICANT INFORMATION

First and Last Names

Email Address

Date Attended Orientation

Previous Written Exam Dates

WRITTEN EXAM DATES, LOCATIONS & TIME

Sarpy Co Courthouse
Room A/B

March 21st at 9am

Sept 22nd at 9am

State Captol
Room 1214

March 24th at 9am

Sept 24th at 9am

Western Nebraska

March 26th at 12pm Hall Co Courthouse

Sept 19th at 9am Dawson Co Courthouse

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 on third and subsequent attempts and non-Nebraska residents: Your completed application form, background check authorization form, 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.

Mail forms and payment to:

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: _____