

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: Trial Court Services Director  
P.O. Box 98910  
Lincoln, NE 68509  
[NSC.Courtservices@nebraska.gov](mailto:NSC.Courtservices@nebraska.gov)

***THIS FORM IS TO BE COMPLETED AND SUBMITTED ONLY AFTER THE APPLICANT HAS SUCCESSFULLY COMPLETED THE REQUIREMENTS TO BECOME A NEBRASKA COURT INTERPRETER.***

<b>Internal Use Only</b>
Report Requested By: _____ Date: _____