

NEBRASKA JUDICIAL BRANCH

ORAL EXAM 2025

ORAL EXAM AT-A-GLANCE

Passing the oral exam is the third and final step to becoming a certified interpreter. The oral exam measures language knowledge and fluency and the ability to successfully render meaning from target to source language in sight translation, consecutive interpretation, and simultaneous interpretation.

The exam generally takes less than 1 hour to complete.

APPLICANT INFORMATION

Full Legal Name

Maiden name or aliases

Email Address

SS# or NCSC ID#

Orientation Date

Written Exam Date

Previous Oral Exam Dates

Language

ORAL EXAM DATES, LOCATIONS & TIME

Select which oral exam you wish to attend and your time preference

Sarpy Co Courthouse
Room A/B

State Capitol
Room 1214

Time Preference

Exam Type

☐ April 24th

☐ April 22nd

Morning

☐ Full Exam

☐ Oct 23rd

☐ Oct 20th

☐ Afternoon

☐ Abbreviated Exam

REGISTRATION & PAYMENT INFORMATION

Nebraska residents: Your completed registration form, background check authorization forms, and \$225 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 registration form, background check authorization forms, and \$350 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

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 LEGAL 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: _____