Nebraska Judicial Branch

Check Preferred Exam D	ate: Tue	sday, July 12, 2022	Tuesday, January 10, 2023
Full name (include your full surname	e):		
All other names you have gone by: _			
Street Address:			
Telephone:	E	mail address:	
Year of Birth: Social	Security # C	DR (if known) NCSC I	D #:
Language: (Check One)			
Arabic Russian S Other:	•	Vietnamese	
(See the website for all currently			
NOTE: In order to take the oral exam Interpreter Written Exam with a scor (All information will be verified):		•	•
Interpreter Orientation:	Year	Lo	ocation (City and State)
Written Interpreter Exam:	Year		ocation (City and State)
Previous attempts Oral Exam:	Yea		ocation (City and State)

Enclosed is my \$225.00 (Nebraska resident) oral exam fee and background check authorization form. Enclosed is my \$350.00 (out-of-state resident) oral exam fee and background check authorization form.

By signing this form, I acknowledge that the facts set forth in this application are true, and I hereby affirm that I have not attempted the Interpreter Oral Exam in any location in the six (6) calendar months preceding my requested Nebraska testing date. I hereby request that I be permitted to take National Center for State Courts' Interpreter Oral Exam in the State of Nebraska on the date indicated above.

Signature: _____

Date: _____

Completed registration form and cashier's check or money order payable to Nebraska Supreme Court must be mailed **no later than 45 days before the requested exam date,** to:

Administrative Office of the Courts & Probation

ATTN: Jennifer Verhein

PO Box 98910

Lincoln, NE 68509

If you have any questions, please contact Jennifer Verhein at jennifer.verhein@nebraska.gov