

**SIGNATURE STAMP  
AUTHORIZATION  
(Judges)**

I, \_\_\_\_\_, Judge of the \_\_\_\_\_  
(District or County)

Court in \_\_\_\_\_ County, Nebraska, give limited permission for the following designated employees to utilize my signature stamp for the listed purposes:

- accept waiverable guilty pleas.  Yes  No
- use for time payment agreements.  Yes  No
- other: \_\_\_\_\_ .  Yes  No
- \_\_\_\_\_ .  Yes  No
- \_\_\_\_\_ .  Yes  No

Name of Employee:	Job Title:	Does this employee have Money related duties? **
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**(Please mark through any unused lines above)**

\*\* PLEASE NOTE – It is preferred that these designated employees be those who do not have any money related duties. The auditor will continue to issue risk notices in cases where this is not avoided.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge

A copy of this authorization will be kept on file in the office to which it pertains and a copy will be sent to the Administrative Office of the Courts.