

**SIGNATURE STAMP  
AUTHORIZATION  
(Clerk Magistrates)**

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

- \_\_\_\_\_  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\_\_\_\_\_.

\_\_\_\_\_  
Clerk Magistrate

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.