# NEBRASKA JUDICIAL BRANCH **ORAL EXAM 2024**

## 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 INF  | ORMATION       |   |                                  |  |  |  |
|--|----------------|---|----------------------------------|--|--|--|
| First and Last Names   |                |   |                                  |  |  |  |
| 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 |                |   |                                  |  |  |  |
| Omaha Dates  | Lincoln Dates  | Time Preference **You will be notified of | of your exam time 2 weeks prior. |  |  |  |
| April 9th  | April 11th     | Morning                                   |                                  |  |  |  |
| Oct 10th   | Oct 8th        | Afternoon                                 |                                  |  |  |  |
| REGISTRATION   | & PAYMENT INFO | ORMATION                                  |                                  |  |  |  |

Nebraska residents: Your completed registration form, background check authorization forms, and \$225 cashier's check or money order 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 or money order payable to the **Nebraska Supreme Court** are due no later than 60 days prior to the exam.

> Administrative Office of the Courts and Probation Attn: Kathleen Valle PO Box 98910 Lincoln, NE 68509-8910

#### STATE OF NEBRASKA'S JUDICAL 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 foll  | lowing information ar         | nd sign the aut     | horization:      |  |
|--------------------------------|-------------------------------|---------------------|------------------|--|
| FULL NAME:                     |                               |                     |                  |  |
| ALIAS/AKA (other names used su | ich as maiden, married, adopt | ed, nicknames, shor | rt names, etc.): |  |
| SOCIAL SECURITY NUMBER         | <u>.</u>                      |                     |                  |  |
| DRIVER LICENSE OR STATE        | IDENTIFICATION NUM            | 1BER:               |                  |  |
| DATE OF BIRTH:                 |                               | SEX:                | RACE:            |  |
| CURRENT ADDRESS:               |                               |                     |                  |  |
| CITY:                          |                               | STATE:              | ZIP CODE:        |  |
| TELEPHONE (home):              |                               | TELEPHONE (ce       | ell):            |  |
| DATE:                          | SIGNATURE:                    |                     |                  |  |
| Please forward this comple     | ted authorization for         | m to:               |                  |  |
|                                | Nebraska Admi                 | nistrative Offic    | e of Courts      |  |
|                                | ATTN: Language                | e Access Progra     | am Director      |  |
|                                | P.0                           | D. Box 98910        |                  |  |
|                                | Linc                          | oln, NE 68509       |                  |  |
|                                | Kathleen.\                    | /alle@neiudici      | al.gov           |  |

| Inte                 | rnal Use Only |  |
|----------------------|---------------|--|
| Report Requested By: | Date:         |  |