

RELEASE FORM FOR NO CLAIMS FILED

SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):

Last Name		First Name		Middle Initial	Suffix (Jr., Sr., 2 nd , 3 rd)
Current Mailing Address Required (Street or PO Box)			City	State	Zip Code
DATE OF BIRTH		DRIVER'S LICENSE NUMBER		SOCIAL SECURITY NUMBER (OPTIONAL)	
Month	Day	Year			

DATE OF LOSS / ACCIDENT			LOCATION OF LOSS / ACCIDENT		
Month	Day	Year			

TERMS OF RELEASE FOR NO CLAIM:

For valuable consideration received, the undersigned (i.e. other party), being of legal age, hereby indicates that there is **"NO CLAIM"** against the suspended driver from the accident listed above for the following (check applicable):

(√)	Property damage	(√)	Personal injury(s)
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SIGNATURE BELOW MUST BE EITHER WITNESSED OR NOTARIZED:

Other Party (individual, insurance company, attorney, etc.) Signature:	
Title of Position (for insurance company, attorney, etc.):	
Signing on behalf of (for insurance company, attorney, subrogee of, etc.):	
Witness Signature (Must be a non-interested party):	Date:
Notary:	
State of _____	
County of _____	
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:	
_____ Name of other party or representative	
↑Affix seal here↑	_____ Notary Public Signature

Note: Release is VOID unless all signatures are either witnessed or notarized.

RETURN TO:

Department of Motor Vehicles
 Financial Responsibility Division
 P.O. Box 94877
 Lincoln, Nebraska 68509-4877

Phone: (402) 471-3985
 Fax: (402) 471-8288

DMV Web Site: <http://www.dmv.state.ne.us>