

# INSTALLMENT AGREEMENT

## (ACCIDENT / DEFAULT IN PAYMENT SUSPENSIONS ONLY)

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This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

### FINANCIAL RESPONSIBILITY

October 1, 2016

**INSTALLMENT AGREEMENT FORM  
 (ACCIDENT / DEFAULT IN PAYMENT SUSPENSIONS ONLY)**

**SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):**

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

<b>DATE OF LOSS / ACCIDENT</b>			<b>LOCATION OF LOSS / ACCIDENT</b>		
Month	Day	Year			

**TERMS OF THE AGREEMENT:**

Agreement covers the following (check [√] applicable below):

( <input type="checkbox"/> )	Property damages for:	Name	Address		
( <input type="checkbox"/> )	Personal injury for:	Name	Address		
**Medical payments pending (if applicable) for:			Name		
Total dollar amount due or financed:			\$		
Frequency of payments (√ applicable):			Weekly: ( <input type="checkbox"/> )	Monthly: ( <input type="checkbox"/> )	Yearly: ( <input type="checkbox"/> )
Dollar amount of each payment:			\$		
Date of first payment:			Month	Day	Year

**SIGNATURES BELOW MUST BE EITHER WITNESSED OR NOTARIZED:**

Suspended Driver's Signature:		Other Party (individual, insurance company, attorney, etc.) Signature:			
Mailing Address:		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:		Witness Signature (Must be a non-interested party):	
				Date:	
<b>Notary:</b>			<b>Notary:</b>		
State of _____			State of _____		
County of _____			County of _____		
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:			The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:		
_____ Name of suspended driver			_____ Name of other party or representative		
↑Affix seal here↑		Notary Public Signature		↑Affix seal here↑	
				Notary Public Signature	

\*\*If medical payments are pending at time Installment Agreement is signed, you will be required to provide an updated Installment Agreement form once the dollar amount is agreed upon.

**Note: Installment Agreement is VOID unless all signatures are either witnessed or notarized.**

In the event of **nonpayment** or **default** on this Installment Agreement, the individual or company accepting payments will immediately advise the Department of Motor Vehicles of such default and the Financial Responsibility Division will proceed with the suspension of the operating privileges as specified in §§60-511(4).

Forward this form along with the other reinstatement requirements (if applicable) to the **Department of Motor Vehicles, Financial Responsibility Division, P.O. Box 94877, Lincoln, Nebraska 68509-4877.**

Upon receipt of the final payment, you will need to forward a **RELEASE** to the **Department of Motor Vehicles, Financial Responsibility Division, P.O. Box 94877, Lincoln, Nebraska 68509-4877.**

**Return completed agreement to:**

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

**Phone: (402) 471-3985**

**Office Hours: 8:00 a.m. – 5:00 p.m. CST**

**Fax: (402) 471-8288**

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