

RELEASE FORM FOR PROPERTY DAMAGE/INJURY

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FINANCIAL RESPONSIBILITY

October 1, 2016



RELEASE FORM FOR PROPERTY DAMAGE/INJURY

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 valuable consideration received, the undersigned, being of legal age, hereby releases and forever discharges the suspended driver for all claims (property damages and/or personal injuries) and/or causes of action arising from the motor vehicle accident listed above.

Date payment for full restitution received:	
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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

Notary Public Signature

↑Affix seal here↑

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

RETURN TO: Department of Motor Vehicles Phone: (402) 471-3985
 Financial Responsibility Division Fax: (402) 471-8288
 P.O. Box 94877
 Lincoln, Nebraska 68509-4877 DMV Web Site: <http://www.dmv.state.ne.us>