Nebraska

RELEASE FORM FOR PROPERTY DAMAGE/INJURY

Last Name First Name Middle Initial Suffix (Jr., Sr., 2 nd , 3 nd) 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 SOCIAL SECURITY NUMBER (OPTIONAL Month Day Year Cocation of Loss / ACCIDENT Cocation of Loss / ACCIDENT Month Day Year Year Vecation of Loss / ACCIDENT Cocation of Coss / ACCIDENT Month Day Year Year Vecation of Loss / ACCIDENT Cocation of Loss / ACCIDENT Month Day Year Year Vecation of Loss / ACCIDENT Cocation of Loss / ACCIDENT Month Day Year Year Vecation of Loss / ACCIDENT Cocation of Loss / ACCIDENT 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: Date payment for full restitution received: Signature: Signature: Signature: Title of Position (for insuran	SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):										
DATE OF BIRTH Month Day Year DRIVER'S LICENSE NUMBER SOCIAL SECURITY NUMBER (OPTIONAL Month Day Year LOCATION OF LOSS / ACCIDENT LOCATION OF LOSS / ACCIDENT Month Day Year Year LOCATION OF LOSS / ACCIDENT 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: 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.): Date: Witness Signature (Must be a non-interested party): Date:											
Month Day Year DATE OF LOSS / ACCIDENT Month Day Year 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: 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.): Date: Witness Signature (Must be a non-interested party): Date:	Current Mailing A	Address	Required (S	Street or PO I	Box)	City			State	Zip Code	
DATE OF LOSS / ACCIDENT LOCATION OF LOSS / ACCIDENT Month Day Year ICOCATION OF LOSS / ACCIDENT 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: 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.): Date: Witness Signature (Must be a non-interested party): Date:		DATE (OF BIRTH			DRIVER'S	S LICENSE	NUMBER	SOCIAL SEC	URITY NUMBER	(OPTIONAL)
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: 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.): Date: Witness Signature (Must be a non-interested party): Date:	Month	Day		Year							
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: 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.): Date: Witness Signature (Must be a non-interested party): Date:					ЛТ			1		SS / ACCIDENT	
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 moto vehicle accident listed above. Date payment for full restitution received: 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):					r		•		557 ACCIDENT		
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 moto vehicle accident listed above. Date payment for full restitution received: 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):	TEDMO										
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.): Signing on behalf of (for insurance company, attorney, subrogee of, etc.): Date: Witness Signature (Must be a non-interested party): Date:	For valuable of suspended dr	conside iver fo	eration re r all claim	eceived, the							
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 payment for full restitution received:										
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):											
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):	SIGNATU	RE B	BELOW	M021	ΒE	EIINER	WIINES			=D:	
Signing on behalf of (for insurance company, attorney, subrogee of, etc.): Witness Signature (Must be a non-interested party): Date:	Other Party (individual, insurance company, attorney, etc.) Signature:										
Witness Signature (Must be a non-interested party): Date:	Title of Position (for insurance company, attorney, etc.):										
Witness Signature (Must be a non-interested party):	Signing on behalf of (for insurance company, attorney, subrogee of, etc.):										
										Date:	
I NOTARY:	Notary:										
State of											
County of											
The foregoing instrument was acknowledged before me this day of, 20 by:											
Name of other party or representative											
							27	D 11' C'			
↑Affix seal here↑ Notary Public Signature			↑Affix	seal here↑			INOTAL	y rublic Signat	uie		

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 S	Site: http://www.dmv.state.ne.us	