INSTALLMENT AGREEMENT
(ACCIDENT / DEFAULT IN PAYMENT SUSPENSIONS ONLY)

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
### SUSPENDED DRIVER’S PERSONAL INFORMATION (Please Print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix (Jr., Sr., 2nd, 3rd)</th>
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<tr>
<th>Current Mailing Address Required (Street or PO Box)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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### DATE OF BIRTH

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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### DRIVER’S LICENSE NUMBER

### SOCIAL SECURITY NUMBER (OPTIONAL)

### TERMS OF THE AGREEMENT:

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

1. Property damages for:
   - [✓] Name
   - [✓] Address

2. Personal injury for:
   - [✓] Name
   - [✓] Address

**Medical payments pending (if applicable) for:**

- [✓] Name

- Total dollar amount due or financed: $

- Frequency of payments (✓ applicable): Weekly: [✓] Monthly: [✓] Yearly: [✓]

- 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):**

**Notary:**

- State of ______________________
- County of ______________________

The foregoing instrument was acknowledged before me this ______ day of ______ , 20____ by: _______________________________________

Name of suspended driver

**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

[✓] 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/