

RELEASE FORM FROM THE PARENT/GUARDIAN OF A MINOR

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FINANCIAL RESPONSIBILITY

October 1, 2016



RELEASE FORM FROM THE PARENT/GUARDIAN OF A MINOR

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 the parents or legal guardian of the minor child named below, 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.

Name of minor:			
Relationship to minor (mother, father, guardian, etc.):			
Release to include (circle applicable):	Damage	Injury	Both
Date payment received:			

SIGNATURE BELOW MUST BE EITHER WITNESSED OR NOTARIZED:

Other Party (individual, insurance company, attorney, etc.) Signature:		
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
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>