

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 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 THE AGREEMENT:

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

(✓)	Property damages for:	Name	Address		
(✓)	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):	Date:	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 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/>