

RELEASE FORM FOR ONE/TWO YEAR AFFIDAVIT

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	

The undersigned, being first duly sworn, depose and state, that I was the operator in a motor vehicle accident in the State of Nebraska on the above-mentioned date. Please check (✓) the appropriate:

(✓)	Two (2) years have elapsed since the date of the accident (the accident must be at least two [2] years old before you sign this release).	(✓)	One (1) year has elapsed since the date of the Default in Payment on the Agreement you signed (the suspension for Default must be a least one [1] year old before you sign this release).
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During this time period, no action has been instituted in any court against me for any claim (from damages and/or injuries) arising out of this accident. At this time I am requesting the reinstatement of my operating privileges.

SIGNATURE BELOW MUST BE EITHER WITNESSED OR NOTARIZED:

Signature:		
Witness Signature (Must be a non-interested party):		Date:
<p>Notary:</p> <p>State of _____</p> <p>County of _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:</p> <p>_____ Name of other party or representative</p> <p style="text-align: center;">↑Affix seal here↑</p> <p style="text-align: right;">_____ Notary Public Signature</p>		

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>