

**INSTALLMENT AGREEMENT FORM  
 (UNSATISFIED JUDGMENT RELATED SUSPENSIONS ONLY)**

**SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):**

Last Name		First Name		Middle Initial		Suffix (Jr., Sr., 2 <sup>nd</sup> , 3 <sup>rd</sup> )	
Current Mailing Address Required (Street or PO Box)			City		State		Zip Code
<b>DATE OF BIRTH</b>			<b>DRIVER'S LICENSE NUMBER</b>			<b>SOCIAL SECURITY NUMBER (OPTIONAL)</b>	
Month	Day	Year					

<b>DATE OF LOSS / ACCIDENT</b>			<b>LOCATION OF LOSS / ACCIDENT</b>				
Month	Day	Year					

**COURT DESCRIPTION:**

Court Case Number:		Court of Jurisdiction:	
Plaintiff:		Defendant:	

**TERMS OF THE AGREEMENT:**

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, etc.):					
<b>Notary:</b>		<b>Notary:</b>					
State of _____		State of _____					
County of _____		County of _____					
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:				The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:			
_____ Name of suspended driver				_____ Name of other party or representative			
↑Affix seal here↑		_____ Notary Public Signature		↑Affix seal here↑		_____ Notary Public Signature	

**Note: Installment Agreement is VOID unless it has been filed with the court of jurisdiction and certified by the court of jurisdiction (court of jurisdiction means the court the issued the judgment order).**

**Certification:**

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 §§60-523.

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 certified copy of a **SATISFACTION OF JUDGMENT** 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/>**