

## RELEASE FORM FOR PROPERTY DAMAGE/INJURY

### 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
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 of legal age, 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.

Date payment for full restitution received: \_\_\_\_\_

### SIGNATURE BELOW MUST BE EITHER WITNESSED OR NOTARIZED:

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

#### 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

**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>