

TO:
DEPARTMENT OF PUBLIC SAFETY
SAFETY RESPONSIBILITY
PO BOX 15999
AUSTIN, TX 78761-5999

Accident Case No. _____

INSTALLMENT AGREEMENT

As a result of a motor vehicle accident which occurred at _____, Texas, on _____ (Year), the undersigned, hereafter known as party of the first part, does hereby agree to effect settlement of claims for damages and/or personal injuries suffered by _____ hereafter known as the party of the second part, on the following terms:

The party of the first part agrees to pay the sum of _____ (\$ _____) to the party of the second part or to his/her personal representative at the rate of \$ _____ or more per _____, first payment \$ _____ due _____ (Year).

Upon compliance with the provisions of this agreement the party of the second part shall deliver to the party of the first part a complete and unconditional release from all claims and causes of action he/she now has or hereafter may have against the party of the first part on account of damages and/or personal injuries resulting from the accident referred to.

STATE OF TEXAS _____) Dated _____ (Year)
ss.

COUNTY OF _____) _____ (Party of the First Part)

TDL # _____

_____, party of the first part, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above agreement.

My commission expires: _____ (Notary Public)

ACCEPTANCE

I accept the foregoing agreement and acknowledge that I will execute a release in behalf of the party of the first part upon completion of its terms.

STATE OF _____) Dated _____ (Year)
ss.

COUNTY OF _____) _____ (Party of the Second Part)

_____, party of the second part, personally appeared before me, a Notary Public in and for said County, and acknowledged the acceptance of the above agreement.

My commission expires: _____ (Notary Public)

**IF FORM SR-19 IS FILED AFTER THE DRIVER LICENSE IS SUSPENDED,
A \$100.00 REINSTATEMENT FEE WILL BE REQUIRED TO COMPLETE COMPLIANCE.**