

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:

<input checked="" type="checkbox"/> 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).	<input checked="" type="checkbox"/> 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>_____</p> <p>Name of other party or representative</p> <p style="text-align: center; margin-top: 20px;">↑Affix seal here↑</p> <p style="text-align: right; margin-top: 20px;">_____ 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
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