

AFFIDAVIT OF DORMANCY

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					

COURT CASE/DOCKET NUMBER:	COUNTY/DISTRICT COURT OF (NAME OF COUNTY):

TERMS OF DORMANCY:

I hereby certify that the judgment rendered against me in the court listed above is hereby dormant (a judgment becomes dormant [5] years from the date of the last execution [in some cases the date of judgment is the last execution] in the court). **Contact the court of jurisdiction to obtain the information required for the following two (2) lines:**

Date judgment was filed:	
Date of last execution / garnishment / action in the court:	

YOU MUST INDICATE A MINIMUM FIVE (5) YEAR TIME PERIOD BETWEEN THE DATE OF LAST EXECUTION / GARNISHMENT / ACTION IN THE COURT (LISTED ABOVE) AND THE DATE OF DORMANCY (LISTED BELOW):

Date of Dormancy:	
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At this time I am requesting the reinstatement of my operating privileges. I further understand that if the Judgment is revived within the next ten (10) years, I could be subject to a subsequent suspension for this judgment.

SIGNATURE BELOW MUST NOTARIZED:

Signature:	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: Affidavit is VOID unless signature has been 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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