

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

Last Name		First Name		Middle Initial:	Suffix
Current Mailing Address		City		State	Zip Code    Date of Crash
Date of Birth (MM/DD/YY)		Driver's License Number		Social Security Number	
Financial Responsibility Case Number		Location of Crash			

**Terms of Agreement:** It is mutually understood and agreed by both parties to this agreement that the settlement is the compromise of doubtful and disputed claims covering the following (check (v) applicable below):

<b>NOTE: Only one form per Releaser (Other Party) will be accepted.</b>		<b>Name of Other Party:</b>	<b>Address:</b>
(v)	<b>Property Damage for:</b>		
(v)	<b>Bodily Injury Liability for:</b>		
<b>Total Amount: \$</b>			
<b>Date of First Payment:</b>			
<b>Frequency of Payment:</b>			

**Signatures Below Must Notarized: (Must have suspended driver's signature and other party OR other party representative's signature)**

<b>Suspended Driver's Signature:</b>	<b>Other Party Signature:</b>
<b>Mailing Address:</b>	<b>Signing on Behalf of (for insurance company, attorney, subrogee of, etc.) and Title of Position:</b>

If any installment of this note is not paid when due, the entire unpaid amount hereof shall become due and payable forthwith at the election of the holder of this note. It is further understood and agreed that suspended driver shall pay all costs and reasonable attorney fees incurred by the other party for the collection of this note.

By the execution and acceptance of this agreement the suspended driver and the other party each agree that the same may be used in the administration of the Florida Financial Responsibility Law.

It is hereby understood and agreed that in the event that suspended driver defaults in the payment of any installation due under this agreement, that the driving and registration privileges of said person shall not be suspended until the balance of the amount due the other party is reduced to judgment. It is therefore understood and agreed by both parties to this agreement that upon payment in full of the sum herein specified, the suspended driver shall receive release from any and all other claims, causes of action, and demands whatsoever, on account of the damage, loss or injury resulting from said crash.

**NOTE: For this form to be complete, both boxes below require signatures and notarization.**

Notary:  
State of:  
County of:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who produced a/an \_\_\_\_\_ as identification and who did (did not) take an oath.

Notary:  
State of:  
County of:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who produced a \_\_\_\_\_ as identification and who did (did not) take an oath.

Name of Suspended Driver:

Affix seal here      Notary Public Signature

Name of Other Party or Representative:

Affix seal here      Notary Public Signature

**Note: Release is VOID unless all signatures are notarized.**

Return to: Department of Highway safety and Motor Vehicles  
Bureau of Motorist Compliance, MS 98  
Post Office Box 5775  
Tallahassee, Florida 32314-5775

Phone: 850-617-2000  
Fax: 850-617-5216

DHSMV Web Site: <http://www.flhsmv.gov>

**Instructions  
for completing the Agreement for Release and Monthly  
Repayment Note:**

**1. Make copies of this form and mail one to each releaser on your list. Use certified mail, Return Receipt Requested.**

**If releaser signs and returns form to you**, take the signed releases and your original SR22 form to your nearest Florida driver's license office or mail to the address on the front of this letter.

**If releaser refuses to sign forms or does not respond to your mailing**, you must pay the security deposit associated with that person. Deposits are held for one year from date of deposit. After 11 months from the date of deposit, if unclaimed, you will be mailed a letter to your address on record with instructions on how to claim your deposit. You must complete and return the request for the deposit to be refunded one year after, but no more than five years, from the date of deposit. When you pay your security deposit at your local office, you will need to bring any signed releases and your original SR22 form or mail them to the address on the front of this letter.

**If mailing is returned to you undeliverable**, take the sealed envelope to your local office to have the releaser amount reduced to \$100.00 for bodily injury and/or \$250.00 for property damage. When you pay your reduced security deposit at your local office, you will need to bring any signed releases and your original SR22 form.

**2. Keep a copy of each Agreement for Release and Monthly Repayment Note for your records.**

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