

JUDGMENT CONSENT FORM
STATE OF FLORIDA, DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

SUSPENDED DRIVER'S PERSONAL INFORMATION (DEFENDANT/DEBTOR) PLEASE PRINT:

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX	FR CASE NUMBER
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	DATE OF CRASH	
COUNTY	DATE OF JUDGMENT	AMOUNT	COURT CASE #	
ATTORNEY'S NAME:		LAW OFFICE ADDRESS	TELEPHONE NUMBER	
			()	
			EMAIL:	

THE ABOVE DEFENDANT/DEBTOR HAS MADE SATISFACTORY ARRANGEMENTS TO PAY THE JUDGMENT ENTERED IN THE ABOVE NOTED CASE. ACCORDINGLY, THE JUDGMENT CREDITOR REQUESTS THAT ANY RESTRICTIONS UPON THE DRIVING PRIVILEGE, IMPOSED BECAUSE OF THIS JUDGMENT, BE REMOVED AT THIS TIME. I WILL NOTIFY YOU IN THE EVENT THAT PAYMENTS ARE NOT MADE AS AGREED, SO THAT RESTRICTIONS MAY BE IMPOSED. PLEASE CONSIDER THIS AS A JUDGMENT CREDITOR'S CONSENT, IN WRITING, TO ALLOW THE ABOVE NAMED PERSON TO REGAIN HIS/HER DRIVER'S LICENSE, TAG AND REGISTRATION PRIVILEGES, IN ACCORDANCE WITH SECTION 324.121, FLORIDA STATUTES. THIS DEFENDANT IS MAKING PAYMENTS TO THIS OFFICE ON THIS JUDGMENT. **(NOTE: ONLY ONE FORM PER DEFENDANT)**

ATTORNEY'S SIGNATURE:	DATE:
DATE OF CONSENT:	PLANTIFF'S NAME:
DATE OF NEXT PAYMENT:	CONSENT LETTER IS ONLY VALID FOR NINETY (90) DAYS FROM DATE OF CONSENT.

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 has produced a _____ and who did (did not) take an oath.

NAME OF NOTARY: _____

AFFIX SEAL HERE

NOTARY PUBLIC SIGNATURE: _____

NOTE: FORM MUST BE MAILED OR FAXED DIRECTLY FROM THE ATTORNEY'S OFFICE. IF FORM IS PROVIDED TO THE DEFENDANT, IT REQUIRES NOTARIZATION.

HSMV 74034