

SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):

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

Terms of Release: I/We do hereby release and forever discharge the party named above, from any and all claims and demands for damage, injury or loss, arising out of the above listed crash. This release includes all future and unforeseen and unanticipated injuries, damages, loss and liability, as well as those now known to exist. It is further agreed that this payment is not an admission of any liability.

Signatures Below Must Be Notarized: (Other party or representatives to other party choose applicable option below)

1. Other Party Name (print):	Signature:
2. Signing on behalf of name (for insurance company, attorney, subrogee of, etc.):	Signature:
Title of Position (for insurance company, attorney, etc.):	

Notary Name: _____ Name of other party or representative: _____

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.

Affix seal here _____ Notary Public Signature: _____

Note: Release is VOID unless all signatures are notarized. Please retain a copy of this completed form for your records.

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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