

# RELEASE FORM FOR ONE/TWO YEAR AFFIDAVIT

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This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

FINANCIAL RESPONSIBILITY

October 1, 2016



# RELEASE FORM FOR ONE/TWO YEAR AFFIDAVIT

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

Last Name		First Name		Middle Initial		Suffix (Jr., Sr., 2 <sup>nd</sup> , 3 <sup>rd</sup> )	
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:

(✓)	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).	(✓)	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:
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: Release is VOID unless all signatures are either witnessed or notarized.**

**RETURN TO:** Department of Motor Vehicles Phone: (402) 471-3985  
 Financial Responsibility Division Fax: (402) 471-8288  
 P.O. Box 94877  
 Lincoln, Nebraska 68509-4877 DMV Web Site: <http://www.dmv.state.ne.us>