

Affidavit of Financial Responsibility

FRA Case Number

Name		
Address		
City	State	ZIP
Date of Accident		

I certify that I am not responsible for any damages or injuries to any other party as a result of this accident. I understand that if the department receives information that I owe damages, my license will be suspended immediately and that I must maintain future proof of liability insurance in the form of an SR 22 for 3 years.

OR

I certify that it has been three years since the motor vehicle accident, no suits are pending that were instituted within three years from the date of the accident, and there are no unpaid judgments as a result of this accident.

OR

It has been three years since the date of the default suspension.

1. Affiant is entitled to the return of security deposit in the amount of \$ _____ .
2. Affiant is entitled to reinstatement of driving privileges.

Signature	Date
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	Subscribed and affirmed, or sworn to, before me this _____ day of _____, 20 ____ in the county of _____, State of _____ .
	Notary Signature
	Commission Expiration Date