

# Affidavit of Financial Responsibility

		FRA Case Number
Name	Driver's License Number	DOB
Address		
City	State	ZIP
Date of Accident		
<p><b>PLEASE CHECK ONLY ONE BOX</b></p> <p><input type="checkbox"/> 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.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> 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.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> It has been three years since the date of the default suspension.</p> <p style="margin-left: 40px;">1. <input type="checkbox"/> Affiant is entitled to the return of security deposit in the amount of \$ _____ .</p> <p style="margin-left: 40px;">2. <input type="checkbox"/> Affiant is entitled to reinstatement of driving privileges.</p>		
Signature		Date
	Subscribed and affirmed, or sworn to, before me this _____ day of _____, 20 ____	
	in the County of _____, State of _____ .	
	Notary Signature	
Commission Expiration Date		