



# South Carolina Department of Motor Vehicles

## Release on Behalf of a Minor

### (Motor Vehicle Financial Responsibility Act)

**FR-202A**  
(Rev. 01/2020)

Mail to: **SC DEPARTMENT OF MOTOR VEHICLES  
FINANCIAL RESPONSIBILITY  
PO BOX 1498  
BLYTHEWOOD SC 29016-0040**

*If you would prefer, you may take this into your local SCDMV Branch Office to have it sent to SCDMV Headquarters in Blythewood where it will be processed.*

Enter this information to the best of your ability:

Collision Case No: \_\_\_\_\_

Date of Collision: \_\_\_\_\_

Location/County: \_\_\_\_\_

Name of Driver(s): \_\_\_\_\_

\_\_\_\_\_

- **If this claim is being handled by your insurance company, ONLY complete section A below and take it to your insurance company. An insurance representative must sign Section B of this release form.**
- **If you are not being represented by an insurance company, complete Sections A, C, and D in their entirety.**

**SECTION A**

The undersigned, \_\_\_\_\_, hereby certifies that he or she is an adult  
(Type or print name of adult signing release)

who fits into one of the categories in Section C or D: \_\_\_\_\_  
(Type or print name and address of minor who was injured and/or had property damaged)

a minor \_\_\_\_\_ years of age, and that he or she has released \_\_\_\_\_  
(Type or print name and address of person released)

\_\_\_\_\_ from all causes of action of the undersigned, individually and as an adult who fits into one of the  
(Driver License Number/Date of Birth)

categories in Section C or D of said minor, arising from the above described collision, and authorizes the SC Department of Motor Vehicles to accept this certification as satisfactory evidence of such release from liability as required by the SC Motor Vehicle Financial Responsibility Act.

**SECTION B — Complete this section if the Insurance company is signing on behalf of the minor with bodily injury and/or property damage.**

\_\_\_\_\_  
Name of Insurance Company and phone number

\_\_\_\_\_  
Signature of Insurance Representative

\_\_\_\_\_  
Date

**SECTION C — Complete this section if signing on behalf of an Unemancipated Minor**

Please check a box below which describes your relationship to this unemancipated minor and completes this sentence. In accordance with SC Code Section 56-1-100, under penalty of perjury, I am signing for this minor as:

- (1)  the father of the minor
- (2)  the mother of the minor
- (3)  the guardian of the minor
- (4)  an individual who has custody, care, and control of the minor
- (5)  a person who has been standing in loco parentis (place of a parent) of the minor for a continuous period of not less than sixty days

\_\_\_\_\_  
Signature of Adult Signing Release

\_\_\_\_\_  
Date

**SECTION D — Complete this section if signing as an Emancipated Minor**

An **emancipated minor** is someone who is under the age of 18 and is freed from control by his parents or legal guardians, and the parents or guardians are also freed from any and all responsibility toward the minor. Emancipated minors must submit proof of emancipation (only the original or certified copies will be accepted): Court Order, Certificate of Marriage, or Active Military orders.

\_\_\_\_\_  
Signature of Insured or Damaged **Emancipated** Minor, if applicable

\_\_\_\_\_  
Date