



South Carolina Department of Motor Vehicles
Financial Responsibility Installment Agreement

FR-230
 (Rev. 7/06)

Accident Case No: _____ Judgment Case No: _____
 Date of Accident: _____ Location/County: _____
 Drivers: _____

As a result of the above accident, I _____ agree to settle claims for damages and/or personal injuries suffered by you _____ on the following terms:

I agree to pay the sum of _____ (\$ _____) to you or your personal representative at the rate of \$ _____ or more per _____. The first payment is due _____.

As soon as I have made all payments, you will release me from all claims and causes of action you have against me from damages or personal injuries as a result of the above accident.

By signing and accepting this agreement, we (both parties) agree that this agreement may be used by the South Carolina Department of Motor Vehicle in the administration of the Financial Responsibility Act.

State of _____ Date _____

County of _____

 Signature of Person Paying

 Driver's License No.

 Date of Birth

Person Paying: _____ personally appeared before me, a notary in and for said county and state, and acknowledges that he/she executed the above agreement.

 Signature of Notary Public

_____ Commission Expires

For State of _____

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ACCEPTANCE

I accept the foregoing agreement and acknowledge that I will execute a release upon completion of its terms.

State of _____ Date _____

County of _____

Signature of Person Receiving

Driver's License No.

Date of Birth

Person Receiving: _____ personally appeared before me, a notary in and for said county and state, and acknowledges that he/she executed the above agreement.

Signature of Notary Public

Print Name of Notary Public

Commission Expires

For State of _____

IF THE AGREEMENT IS APPROVED BY THE COURT, THIS SECTION MUST BE COMPLETED AND SIGNED BY THE JUDGE.

COURT APPROVAL IS ONLY APPLICABLE IF SUSPENSION RESULTED FROM AN UNSATISFIED JUDGMENT.

THE COURT HEREBY APPROVES THIS AGREEMENT PURSUANT TO SECTION 56-9-490 OF LAWS FOR SOUTH CAROLINA, AS AMENDED.

JUDGE _____ DATE _____

COUNTY _____