



South Carolina Department of Motor Vehicles
Financial Responsibility Agreement and Release

FR-229
(Rev. 8/06)

ACCIDENT CASE NO.: _____ **DATE OF ACCIDENT:** _____

LOCATION/COUNTY: _____

DRIVERS: _____

This agreement and release entered into this _____ day of _____ by and between _____ of the county of _____, State of South Carolina, hereinafter known as the party of the first part, and _____ of the county of _____ hereinafter known as the party of the second part, witnesseth:

1. Know all men by these presence that for and in the consideration of the payment to the party of the second part by the party of the first part the sum of _____, which is now on deposit with the South Carolina Department of Motor Vehicles, and the agreement of the party of the second part to accept this said am in full and final settlement of any and all claims for damages that the party of the second part has against the party of the first part as a result of the vehicle owned by the of the second part having been struck and damaged by a vehicle driven by the party of the first part at the time of the above numbered and dated accident. The parties hereto do each hereby release each other from any and all claims, liabilities, or causes of action which the parties hereto may have as a result of the above numbered and dated accident.
2. The party of the first part does hereby direct and authorize the South Carolina Department of Motor Vehicles to pay to _____ the sum of _____ which amount has been deposited by the party of the first part with the said South Carolina Department of Motor Vehicles as security to pay for the damages resulting from the above numbered and dated accident.
3. The parties hereto do each hereby bind each of themselves and each of their heirs, executors and administrators to the faithful performance of all of the terms, basis, and conditions of this agreement and release.

Witness the hands and seals of the parties on the date and year above written.

Signed, sealed, and delivered in the presence of:

_____ Party of the first part

_____ Driver's License No. _____ Date of Birth _____

_____ Party of the second part

Personally appeared before me _____ and _____ known to me to be the persons whose names are subscribed to the foregoing instrument and which persons have under oath acknowledged to me that they have executed the same for the purposes therein expressed.

Sworn to and subscribed before me this _____ day of _____ 20 ____

Notary Public

Print Name of Notary Public

Commission Expires

RETURN TO: SCDMV
Financial Responsibility
PO Box 1498
Blythewood, SC 29016-0040