



# South Carolina Department of Motor Vehicles

## Release of Financial Responsibility for a Collision

**FR-202**  
(Rev. 08/2021)

Complete this form with as much information as possible and mail to the SCDMV at the address at the bottom of this form or take it to an SCDMV branch office and it will be forwarded to the FR Suspension and Compliance unit for processing.

1. **Sections A and B:** If this claim is being represented by your insurance company, attorney, or a subrogation claims office, **Sections A and B** must be completed together. **Section A** must be filled out by the party being released from all claims and causes of actions. The representative from the company who is representing this claim must complete **Section B** of this release form on behalf of the injured party/business/property owner. Please list the name of the injured party/business/property owner in **Section B**, which is being represented.
2. **Sections A and C:** If the injured party/business/property owner that incurred damages is **not** being represented by anyone, **Section A and C** must be completed together. **Section A** must be filled out by the party being released from all claims and causes of actions. **Section C** must be filled out by the injured party/business/property owner who is releasing the party in **Section A**.

**SECTION A** To be completed by the party that is being released from all claims and causes of actions.

Collision Case/FR 10 No.:	Date of Collision:
Name of Party Being Released	Date of Birth of Party Being Released
Address of Party Being Released	Driver License No. of Party Being Released

**SECTION B** To be completed by a representative for an insurance company, attorney, or a subrogation claims office on behalf of the injured party/business/property owner. Please list the name of the injured party/business/property owner that is being represented below.

Name of Insurance/Attorney/Subrogation Claims Office	Phone # of Insurance/Attorney/Subrogation Claims Office
Print Name of Representative	Name of Party Being Represented
Signature of Representative	Date

**SECTION C** To be completed by the injured party/business/property owner releasing the party in Section A.

I, \_\_\_\_\_, certify under penalty of perjury, that I am 18  
(print name of injured party/business/property owner)  
 years of age, or older, and that I have released, \_\_\_\_\_,  
(Name of party being released in Section A)  
 from all claims and causes of action arising from the collision mentioned above.

Signature of Injured Party/Property Owner	Date
Business name, if applicable	Print Name of Business Representative
Signature of Representative on behalf of the business, if applicable	Date

Mail to: SCDMV Financial Responsibility  
 PO Box 1498  
 Blythewood, SC 29016-0040

*Please allow 5 to 7 business days for processing. If you have any questions about the status of this form, please call the SCDMV Contact Center at 803-896-5000.*