



South Carolina Department of Motor Vehicles

Release of Financial Responsibility on Behalf of a Minor for a Collision

FR-202A
(Rev. 08/2021)

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

Provide this information: Collision Case/FR10 No.: _____ Date of Collision: _____

- **Sections A and B:** If the claim is being represented by your insurance company, attorney, or subrogation claims office, **Section A and B** must be completed together. **Section A** must be completed by an adult or emancipated minor releasing the at fault party from all claims and causes of actions. The representative from the company who is representing this claim must complete **Section B** on behalf of the minor with injury/property damage. Please list the name of the injured party/property owner in **Section B**, which is being represented.
- **Sections A and C:** If the claim is not being represented by anyone, **Section A and C** must be completed together by an adult who is signing for the minor and submit the requested documents, if applicable.
- **Sections A and D:** If you are an emancipated minor, you must complete **Section A** releasing the at fault party from all claims and causes of actions and complete **Section D** and submit the documents requested, if applicable.

SECTION A Complete this section as an adult/emancipated minor releasing the at-fault party from all claims and causes of actions.

I, _____, hereby certifies that he or she is an adult
(Print name of adult/emancipated minor releasing the at-fault party)

who fits into one of the categories in Section C or D signing on behalf of _____
(Print name and address of minor with injury/property damage)

a minor, _____ years of age, and releasing _____
(Print name and address of at-fault party being released)

from all claims and causes of action arising from the above mentioned collision.

SECTION B Complete this section if the insurance company, attorney, or subrogation claims office is signing on behalf of the minor with injury/property damage.

Name of Insurance Company/Attorney/Subrogation Claims Office _____
Phone number

Print Name of Representative _____
Name of party being represented

Signature of Representative _____
Date

SECTION C Complete this section if signing on behalf of a minor

Please check a box below which describes your relationship to the minor and completes this sentence. In accordance with SC Code §56-1-100, under penalty of perjury, I am signing for this minor to release the at-fault party from all claims and causes of action arising from the above mentioned collision 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) an individual with written approval by the Department of Social Services (DSS). **Must attach copy of written approval from DSS.**
- (6) an individual who has been standing in loco parentis (place of a parent) of the minor for a continuous period of not less than sixty days.

Print name of Adult Releasing the at-fault party _____
Signature of Adult releasing the at-fault party _____
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 in the form of a Certified Court Order, Certificate of Marriage, or Active Military orders.

Print name of Emancipated Minor with injury/property damage _____
Signature of Emancipated Minor with injury/property damage _____
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.