



South Carolina Department of Motor Vehicles
FINANCIAL RESPONSIBILITY INSTALLMENT AGREEMENT

FR-230
(Rev. 03/2020)

Accident/Collision Case No: _____

Date of Collision: _____ State/County: _____

Drivers Involved: _____

As a result of the above collision, 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 collision.

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

Signature of Person Paying

Date

Driver's License No.

Date of Birth

ACCEPTANCE

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

Signature of Recipient or Representative of Recipient

Date

Driver's License No.

Date of Birth



South Carolina Department of Motor Vehicles
COURT APPROVED INSTALLMENT AGREEMENT

FR-230A
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Court approval is only applicable if suspension resulted from an unsatisfied judgment.

If the agreement is approved by the court, this section must be completed and signed by the judge.

The court hereby approves this agreement pursuant to SC Code Section 56-9-490.

Judgment Case No: _____

County: _____

Judge's Signature

Date

Printed Name of Judge