



ALABAMA LAW ENFORCEMENT AGENCY
Driver License Division

Conditional Release

To be executed when parties have agreed on payment by installments. In case of default, A SECOND CONDITIONAL RELEASE WILL NOT BE ACCEPTED. If the notarized release is obtained from the insurance company of the claimant, a subrogation or proof of loss must be furnished. Release need not be notarized if properly witnessed by two OTHER persons over eighteen years of age. Witnesses' complete addresses must be furnished.

The following agreement entered into this _____ day of _____, 20____, between _____, person making claim, and _____, person making payment.

Now, whereas the person making the claim received damages, property and/or personal injuries, in the amount of \$_____ due to the motor vehicle accident which occurred on (Date) _____ at (City or County)_____.

THEREFORE, the following duly acknowledged written agreement providing for the payment of the above agreed amount in installments is herewith executed in accordance with Title 32-7-7 (4). Code of Alabama.

- 1. The person making payment hereby agrees to pay the person making claim the sum of \$_____ on the _____ day of each _____ beginning _____, 20____, and to continue such payment until the above agreed amount has been paid in full.
2. The person making the claim in consideration of the above described payments, hereby expressly releases the person making payment from further compliance with the security provisions of the Motor Vehicle Safety Responsibility Act.
3. Both parties hereby agree that the Department of Public Safety may use the agreement in processing this accident, subject to the provision of the laws as to default in payment of any installment. Title 32-7-8 (3). Code of Alabama.

Witness whereof, we have hereunto set our hands and seals this _____ day of _____, 20_____.

WITNESS 1:

Witness Signature

NOTARY FOR PERSON MAKING CLAIM

PERSON MAKING CLAIM (Or Attorney)

Address

City, State, Zip Code

My Commission Expires

WITNESS 2:

Witness Signature

NOTARY FOR PERSON MAKING PAYMENT

PERSON MAKING PAYMENT (Or Attorney)

Address

City, State, Zip Code

My Commission Expires