

STATE OF ILLINOIS
OFFICE OF SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT
SAFETY RESPONSIBILITY SECTION
2701 SOUTH DIRKSEN PARKWAY
SPRINGFIELD, ILLINOIS 62723

Accident No. _____

Driver's License No. _____
(Party Paying Money and Accepting Release)

GENERAL RELEASE

For and in consideration of the sum of \$ _____, *(Insert Actual Amount)* the receipt whereof is hereby acknowledged, the undersigned does hereby release and forever discharge _____ from all claims and causes of action he now has or hereafter may have against _____ on account of damages resulting from an accident which occurred at _____ on or about _____, 19 _____.

By the execution of this general release, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

Dated _____, 19 _____

(Party Receiving Money and Giving the Release Sign Here)

STATE OF ILLINOIS }
COUNTY OF _____ } ss:

_____, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above release.

(Notary Public)

My commission expires:

ACCEPTANCE OF THE GENERAL RELEASE

I accept the foregoing release from _____ concerning the above referenced accident.

By acceptance of this release, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

(Party Paying Money and Accepting Release Sign Here)

STATE OF ILLINOIS }
COUNTY OF _____ } ss:

_____, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above acceptance.

(Notary Public)

My commission expires:
