



Installment  
Agreement  
Instructions

**Illinois Secretary of State Jesse White**  
**Driver Services Department**  
***Safety & Financial Responsibility Section***  
**2701 South Dirksen Parkway Springfield, Illinois 62723**

Attached is the **Installment Agreement Form** you requested. Please complete the form and submit it to our office at the above address.

Please be aware of the following procedural facts in connection to the Installment Agreement:

1. Please make sure that the individual that was certified by the Illinois Department of Transportation or their representative signs the document. This is usually the party receiving the money.
2. Please make certain that the signatures of all parties are notarized.
3. Please include your Driver's License Number, full name and Date of Birth on the Installment Agreement form that is submitted to our office.
4. You are also required to file Proof of Financial Responsibility in the form of an SR22 Certificate of Insurance prior to driver's license reinstatement. The SR22 is an insurance certificate filed with our office directly from authorized insurance companies. Once filed, the SR22 must be maintained for 36 months. Failure to renew your insurance will result in an immediate Driver's License Suspension. If you have not already filed your SR22, please contact your insurance agent regarding this requirement.
5. Please allow 10 to 20 working days for our office to process the information submitted. You may check the status of your driver's license by calling our automated attendant at 217-782-3720 and selecting option number one. You will then be asked to enter your driver's license and social security numbers. The automated attendant will inform you if your driving privileges are valid or suspended. If it is still suspended, we have not processed your paperwork yet. If it is valid, then your paperwork has been processed and a letter is on the way to you by U.S. Mail. You can drive as soon as your record is valid. This service is provided to you 24 hours per day.

**State of Illinois, Office of Secretary of State  
Driver Services Department, Safety Responsibility Section  
2701 South Dirksen Parkway, Springfield, Illinois 62723**

Dr. License No. \_\_\_\_\_  
(Party Paying Money)

Accident No. \_\_\_\_\_  
Insurance Claim/File No. \_\_\_\_\_  
(When Applicable)

**INSTALLMENT AGREEMENT**

As a result of a motor vehicle accident which occurred at \_\_\_\_\_, Illinois, on \_\_\_\_\_, \_\_\_\_\_, I do hereby agree to effect a settlement of claims for property damage , personal injuries , or both , suffered by \_\_\_\_\_ on the following terms:  
(Name of City) (Day and Month) (Year)  
(Party Receiving Money)

I, \_\_\_\_\_, agree to pay the sum of \$ \_\_\_\_\_ to \_\_\_\_\_, or to his/her personal representative at a rate of \$ \_\_\_\_\_ or more per \_\_\_\_\_; first payment in the amount of \$ \_\_\_\_\_ is due \_\_\_\_\_, \_\_\_\_\_ with subsequent payments being due on the \_\_\_\_\_ day of every \_\_\_\_\_ until the total sum has been paid in full.  
(Party Paying Money) (Party Receiving Money) (Day and Month) (Year)

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

Date \_\_\_\_\_, \_\_\_\_\_  
(Day and Month) (Year)

STATE OF \_\_\_\_\_

\_\_\_\_\_  
(Party Paying Money Sign Here)

County of \_\_\_\_\_ ss:

\_\_\_\_\_  
(Address of Party Paying Money)

\_\_\_\_\_, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above installment agreement.

My commission expires: \_\_\_\_\_  
(Notary Public)

**ACCEPTANCE**

I accept the foregoing agreement and upon completion of its terms, I promise to execute and deliver to \_\_\_\_\_ a complete and unconditional release from all claims and causes of action I now and hereafter may have against \_\_\_\_\_ on account of property damage , personal injury , or both , resulting from the above referenced accident.  
(Party Paying Money) (Party Paying Money)

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

Dated \_\_\_\_\_, \_\_\_\_\_  
(Day and Month) (Year)

STATE OF \_\_\_\_\_

\_\_\_\_\_  
(Party Receiving Money Sign Here)

County of \_\_\_\_\_ ss:

As subrogee of \_\_\_\_\_  
(When applicable)

\_\_\_\_\_, personally appeared before me, a Notary Public in and for said County, and acknowledged the acceptance of the above installment agreement.

My commission expires: \_\_\_\_\_  
(Notary Public)