



Affidavit Instructions
(DSD SR-12.5)

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

Attached is the **Affidavit for Termination of Suspension** 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 Affidavit:

1. Please make certain that the Affidavit is **not** signed or dated prior to two years from the date of your driver's license **suspension**. An Affidavit signed prior to the eligibility date is not acceptable by law and will be returned to you.
2. Please make certain that your signature is notarized.
3. Please include your Driver's License Number, full name and Date of Birth on the Affidavit 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.

**AFFIDAVIT FOR TERMINATION OF SUSPENSION IMPOSED UNDER
SECTION 7-211, ILLINOIS SAFETY RESPONSIBILITY LAW**

**STATE OF ILLINOIS
OFFICE OF SECRETARY OF STATE
SAFETY RESPONSIBILITY SECTION
SPRINGFIELD, ILLINOIS 62723**

State of _____ }
County of _____ } ss:

Accident No. _____
Dr. License No. _____

_____, being duly sworn, depose:

- (1) (I) / (We) reside at _____, in
the town or city of _____,
County of _____, State
of _____, ZIP Code _____;
- (2) On _____, 20____, (I was) / (we were) involved in
an accident in or near _____, Illinois,
as a result of which (I) / (we) became subject to the Illinois Safety Responsibility Law; and
- (3) That two years have elapsed since the date of suspension, that no suit for claims for
damages and/or personal injuries has been instituted and is now pending, and that no
judgment rendered remains unsatisfied.

(Sign on applicable line)

(Signature of Operator)

(Signature of Owner)

Sworn to before me this

_____ day of _____, 20 _____

(Name of Officer)

(Title of Officer)

My Commission expires: _____

MAIL TO:

Secretary of State
S & FR Section
2701 South Dirksen Parkway
Springfield, Illinois 62723