



Release Instructions
(DSD SR-21.4)

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

Attached is the **General Release 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 General Release:

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 who received 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 General Release 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

Accident No. _____

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

Insurance Claim/File No. _____
(When Applicable)

GENERAL RELEASE

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

(Insert Actual Amount)
(Party Paying Money)
(Party Paying Money)
(Location of Crash)
(Day and Month), (Year)

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 _____, _____
(Day and Month) (Year)

(Party Receiving Money and Giving the Release Sign Here)

STATE OF ILLINOIS }
COUNTY OF _____ } ss:

As subrogee of _____
(When Applicable)

_____, 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.
(Party Receiving Money)

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)

(Address of Party Paying Money)

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:
