

# AFFIDAVIT OF DORMANCY

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This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

FINANCIAL RESPONSIBILITY

October 1, 2016

## AFFIDAVIT OF DORMANCY

### SUSPENDED DRIVER'S PERSONAL INFORMATION (Please Print):

Last Name		First Name		Middle Initial	Suffix (Jr., Sr., 2 <sup>nd</sup> , 3 <sup>rd</sup> )
Current Mailing Address Required (Street or PO Box)			City	State	Zip Code
DATE OF BIRTH		DRIVER'S LICENSE NUMBER		SOCIAL SECURITY NUMBER (OPTIONAL)	
Month	Day	Year			

COURT CASE/DOCKET NUMBER:	COUNTY/DISTRICT COURT OF (NAME OF COUNTY):

### TERMS OF DORMANCY:

I hereby certify that the judgment rendered against me in the court listed above is hereby dormant (a judgment becomes dormant [5] years from the date of the last execution [in some cases the date of judgment is the last execution] in the court). **Contact the court of jurisdiction to obtain the information required for the following two (2) lines:**

Date judgment was filed:	
Date of last execution / garnishment / action in the court:	

### YOU MUST INDICATE A MINIMUM FIVE (5) YEAR TIME PERIOD BETWEEN THE DATE OF LAST EXECUTION / GARNISHMENT / ACTION IN THE COURT (LISTED ABOVE) AND THE DATE OF DORMANCY (LISTED BELOW):

Date of Dormancy:	
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At this time I am requesting the reinstatement of my operating privileges. I further understand that if the Judgment is revived within the next ten (10) years, I could be subject to a subsequent suspension for this judgment.

### SIGNATURE BELOW MUST NOTARIZED:

Signature:	Date:
Notary:	
State of _____	
County of _____	
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:	
Name of other party or representative _____	
↑Affix seal here↑	_____ Notary Public Signature

**Note: Affidavit is VOID unless signature has been notarized.**

<b>RETURN TO:</b>	Department of Motor Vehicles Financial Responsibility Division P.O. Box 94877 Lincoln, Nebraska 68509-4877	Phone: (402) 471-3985 Fax: (402) 471-8288	DMV Web Site: <a href="http://www.dmv.state.ne.us">http://www.dmv.state.ne.us</a>
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