



South Carolina Department of Motor Vehicles

Affidavit for Restoration of Privileges

FR-28
(Rev. 4/05)

**To: S.C. DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
P.O. BOX 1498
BLYTHEWOOD SC 29016-0040**

THIS AFFIDAVIT IS FILED TO PERMIT THE SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES TO DETERMINE THE PROPRIETY OF THE RESTORATION OF MY DRIVER'S LICENSE, LICENSE PLATES, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN SOUTH CAROLINA AS PROVIDED IN SECTION 56-9-354 OF THE 1976 SOUTH CAROLINA CODE OF LAWS AS AMENDED.

ACCIDENT CASE NO: _____
 DATE OF ACCIDENT: _____
 LOCATION/COUNTY: _____
 DRIVERS: _____

I, _____, DO CERTIFY THAT THERE IS NO CIVIL SUIT FOR DAMAGES AT THIS TIME PENDING AGAINST ME AND THAT NO JUDGEMENT HAS BEEN RETURNED AGAINST ME RESULTING FROM THE ABOVE NUMBER AND DATED ACCIDENT.

SIGNED: _____
 ADDRESS: _____

 DATE OF BIRTH: _____
 DRIVER'S LICENSE NO: _____

STATE OF _____)

COUNTY OF _____)

PERSONALLY APPEARED BEFORE ME, _____, WHOSE NAME IS SIGNED TO THE WRITING ABOVE AND WHO AFTER BEING DULY SWORN DID MAKE OATH THAT THE STATEMENT CONTAINED THEREIN WAS TRUE.

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC

PRINT NAME OF NOTARY PUBLIC

READ CAREFULLY BEFORE SIGNING THIS AFFIDAVIT. IF ANY CIVIL SUIT IS PENDING OR IF ANY JUDGEMENT HAS BEEN RENDERED AGAINST YOU FOR DAMAGES AS A RESULT OF THIS ACCIDENT, DO NOT FILL OUT OR SIGN THE AFFIDAVIT. IF YOU ARE NOT CERTAIN AS TO WHETHER OR NOT ACTION HAS BEEN INITIATED AGAINST YOU, CONTACT THE CLERK OF COURT OR THE CIRCUIT COURT IN THE COUNTY WHERE THE ACCIDENT OCCURRED AND, IF DIFFERENT, THE COUNTY WHERE YOU WERE LIVING WHEN THE ACCIDENT OCCURRED.