



**South Carolina Department of Motor Vehicles**  
**FINANCIAL RESPONSIBILITY INSTALLMENT AGREEMENT**

**FR-230**  
(Rev. 01/2020)

Accident/Collision Case No: \_\_\_\_\_ Judgment Case No: \_\_\_\_\_

Date of Collision: \_\_\_\_\_ Location/County: \_\_\_\_\_

Drivers Involved: \_\_\_\_\_

As a result of the above collision, I \_\_\_\_\_ agree to settle claims for damages and/or personal injuries suffered by you \_\_\_\_\_ on the following terms:

I agree to pay the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) To you or your personal representative at the rate of \$ \_\_\_\_\_ or more per \_\_\_\_\_. The first payment is due \_\_\_\_\_.

As soon as I have made all payments, you will release me from all claims and causes of action you have against me from damages or personal injuries as a result of the above collision.

By signing and accepting this agreement, we (both parties) agree that this agreement may be used by the South Carolina Department of Motor Vehicles in the administration of the Financial Responsibility Act.

State of \_\_\_\_\_

Date \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Paying

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Date of Birth

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**ACCEPTANCE**

I accept the foregoing agreement and acknowledge that I will execute a release upon completion of its terms.

State of \_\_\_\_\_ Date \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Date of Birth

Person Receiving: \_\_\_\_\_ personally appeared before me, a notary in and for said county and state, and acknowledges that he/she executed the above agreement.

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**If the agreement is approved by the court, this section must be completed and signed by the judge.**

**Court approval is only applicable if suspension resulted from an unsatisfied judgment.**

The court hereby approves this agreement pursuant to SC Code Section 56-9-490.

Judge \_\_\_\_\_ Date \_\_\_\_\_

County \_\_\_\_\_